

Case Number:	CM15-0194478		
Date Assigned:	10/08/2015	Date of Injury:	07/20/2010
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 57 year old female injured worker suffered an industrial injury on. The diagnoses included lumbar fusion, chronic back pain and lumbar radiculopathy. On 9-14-2015, a report from Lindora personalized weight management noted she completed her tenth week with initial weight of 240 pounds on 6-1-2015 down to 203.7 as current weight with weight loss of 36.3 pounds. On 9-2-2015, the treating provider reported low back pain. Prior treatment included heat, physical therapy, 2 lumbar surgeries (unknown surgery or dates), aqua therapy, TENS unit and medication. The current medication was Hydrocodone and noted moderate relief. The injured worker noted she used to have leg pain but it resolved with the weight loss. The pain was rated 7 to 8 out of 10 down to 6 out of 10 with medication. She used a cane for mobility and she was requesting a back brace. On exam, there was tenderness in the lumbar muscles with spasms and decreased sensation of the right L4-5 distribution along with positive straight leg raise on the right. Her weight was 229 pounds. Due to difficulty with balance due to increased back pain the provider requested lumbar back brace. The medical record showed no evidence of gastric symptoms. The Utilization Review on 9-30-2015 determined non-certification for [REDACTED] [REDACTED] For 10 Weeks, Mesh Back Brace Support and Omeprazole 20mg #45-Lumbar Pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Weight Loss Program For 10 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation AETNA guidelines www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: Based on the 09/02/15 progress report provided by treating physician, the patient presents with low back pain rated 7-8/10. The patient is status post L5-S1 fusion in January 2013, and right sided screw replacement in February 2013. The request is for weight loss program for 10 weeks. Patient's diagnosis per Request for Authorization form dated 09/02/15 includes chronic low back pain and lumbar radiculopathy. Patient's gait is antalgic and she uses a single point cane. Physical examination to the lumbar spine on 09/02/15 revealed tenderness in the lumbar muscles with spasms and decreased sensation of the right L4-5 distribution along with positive straight leg raise on the right. Treatment to date has included surgeries, lumbar ESI's, physical and aqua therapy, TENS unit and medications. Patient's medications include OTC Advil, Hydrocodone, Omeprazole, hypertension and diabetes medications and topicals. The patient is permanent and stationary, per 09/02/15 report. MTUS Guidelines, Exercise section, pages 46-47 states the following: "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated." AETNA guidelines (www.aetna.com/cpb/medical/data/1_99/0039.html) were also referenced: AETNA guidelines consider weight reduction medically necessary and states considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m²). AETNA allows for medically supervised programs only and no other programs such as exercise programs or use of exercise equipment, [REDACTED] diet or other special diet supplements (e.g., amino acid supplements, [REDACTED] liquid protein meals, [REDACTED] pre-packaged foods, or phytotherapy), [REDACTED], [REDACTED], [REDACTED], [REDACTED] diet, or similar programs. Per 09/02/15 report, treater states the patient "would like to continue weight loss program once her gallbladder issue resolves. She has lost 40 lbs thus far. I am requesting continuing 10 weeks of weight loss program." The patient has a BMI of 47.9, per physical exam on 09/02/15. Physician-monitored programs are supported for those with BMI greater than 30, for which this patient qualifies. Treater has documented weight loss. However, treater does not discuss weight loss goals or steps taken by the patient to achieve those goals. There is no mention of physical activity modifications, trialed and failed caloric restrictions, or failure of home exercise program to warrant continuation of this program. In addition, there is no documentation that patient's gallbladder condition has resolved. Therefore, the request IS NOT medically necessary.

Mesh Back Brace Support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic Chapter, lumbar supports topic.

Decision rationale: Based on the 09/02/15 progress report provided by treating physician, the patient presents with low back pain rated 7-8/10. The patient is status post L5-S1 fusion in January 2013, and right sided screw replacement in February 2013. The request is for mesh back brace support. Patient's diagnosis per Request for Authorization form dated 09/02/15 includes chronic low back pain and lumbar radiculopathy. Patient's gait is antalgic and she uses a single point cane. Physical examination to the lumbar spine on 09/02/15 revealed tenderness in the lumbar muscles with spasms and decreased sensation of the right L4-5 distribution along with positive straight leg raise on the right. Treatment to date has included surgeries, lumbar ESI's, physical and aqua therapy, TENS unit and medications. Patient's medications include OTC Advil, Hydrocodone, Omeprazole, hypertension and diabetes medications and topicals. The patient is permanent and stationary, per 09/02/15 report. ACOEM Guidelines page 301 on lumbar bracing states, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back Lumbar & Thoracic Chapter, lumbar supports topic, states, Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low- quality evidence, but may be a conservative option). For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per 09/02/15 report, treater states "Due to difficulty with balance due to increased back pain, I am requesting for a lumbar back brace." Guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. In addition, UR letter dated 09/30/15 states that the patient has been previously dispensed a lumbar brace, and there is no discussion provided for the need of a replacement back brace. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg #45-Lumbar Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 09/02/15 progress report provided by treating physician, the patient presents with low back pain rated 7-8/10. The patient is status post L5-S1 fusion in January 2013, and right sided screw replacement in February 2013. The request is for Omeprazole 20mg #45-lumbar pain. Patient's diagnosis per Request for Authorization form dated 09/02/15 includes chronic low back pain and lumbar radiculopathy. Patient's gait is antalgic and she uses a single point cane. Physical examination to the lumbar spine on 09/02/15 revealed tenderness in the lumbar muscles with spasms and decreased sensation of the right L4-5 distribution along with positive straight leg raise on the right. Treatment to date has included surgeries, lumbar ESI's, physical and aqua therapy, TENS unit and medications. Patient's medications include OTC Advil, Hydrocodone, Omeprazole, hypertension and diabetes medications and topicals. The patient is permanent and stationary, per 09/02/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68-69 states that "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole has been included in patient's medications per progress reports dated 03/30/15, 06/11/15 and 09/02/15. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.