MAXIMUS Federal Services

Case Number:	CM15-0204433		
Date Assigned:	10/21/2015	Date of Injury:	10/06/2009
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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 injured worker is a 66 year old male, who sustained an industrial injury on October 6, 2009. He reported injury to his back. The injured worker was diagnosed as having strain and sprain of the cervical spine, strain and sprain of the thoracic spine, strain and sprain of the lumbar spine, myalgia and myositis, disturbance of skin sensation and major depression. Treatment to date has included diagnostic studies, surgery, physical therapy, medications, psyche treatment, acupuncture, injection and chiropractic treatment. On August 7, 2015, the injured worker complained of neck and low back pain that had remained unchanged and persistent since a prior exam. He rated his neck pain as an 8 on a 1-10 pain scale and his low back pain as a 7.5 on the pain scale. The treatment plan included medications, follow-up visit, internist consultation and psychology consultation. On August 24, 2015, objective findings included the blood pressure as 181-95, height 5'6" and weight as 235 pounds. The treatment plan included a body weight composition, diagnostic tests and a blood pressure cuff. On September 23, 2015, utilization review denied a request for body weight composition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body weight composition: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/11574431.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna guidelines www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The current request is for body weight composition. The RFA is dated 08/24/15. Treatment to date has included diagnostic studies, cervical surgery (2013), physical therapy, medications, psyche treatment, acupuncture, injection and chiropractic treatment. The ACOEM, MTUS and ODG guidelines provide no discussion regarding body weight composition. For keeping track of weight loss, Aetna guidelines (aetna.com/cpb/medical/data/1_99/0039.html) use Body Mass Index and does not reference body composition. On August 7, 2015, the patient complained of neck and low back pain that had remained unchanged and persistent since a prior exam. The patient also has a history of hypertension and diabetes. On August 24, 2015, objective findings included blood pressure as 181-95, height 5'6" and weight as 235 pounds. Treatment plan included EKG, ANS and/or SUDO, and body weight composition. In regard to requested "body composition study," the request is not discussed in any guidelines. A review of the documentation provided does not provide insight into the requested study, nor a rationale for the request. There is no discussion as to why a simple BMI taken from weight and height is insufficient if the treater is keeping track of the patient's weight. The request is not medically necessary.