

Case Number:	CM15-0023621		
Date Assigned:	02/13/2015	Date of Injury:	05/20/1999
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 5/20/1999 and 12/23/2010. The diagnoses have included disc displacement not otherwise specified, without myopathy, cervical strain/sprain, lumbar disc displacement without myelopathy, lumbosacral radiculopathy, and pain in limb. Treatment to date has included conservative measures. Currently, the injured worker complains of an exacerbation of low back pain and bilateral knee pain on 12/29/14. Objective findings, including a body mass index, were not noted. Magnetic resonance imaging of the lumbar spine, dated 6/05/2012, showed L5-S1 3mm central and right paracentral disc protrusion, mild facet degenerative changes, and mild right neural foraminal narrowing. Physical examination of the cervical spine revealed on 7/29/14 trigger point in trapezius muscle, limited range of motion and muscle spasm and tenderness on palpation in low back and neck. The medication list was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided. Any operative note was not specified in the records provided. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ **weight loss program:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (updated 03/24/15) Gym memberships Other Medical Treatment Guideline or Medical Evidence: PubMed Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Snow V, Barry P, Fitterman N, Qaseem A, Weiss K, Clinical Efficacy Assessment Subcommittee of the American College of Physicians Ann Intern Med. 2005;142(7):525.

Decision rationale: Request: [REDACTED] weight loss program ACOEM/CA MTUS and ODG do not specifically address weight loss program. Per the cited guidelines "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatment for obesity involves either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline- Joint Position Statement on Obesity in Older Adults- "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients." The records provided do not provide detailed information about the patient's current body mass index and dietary history for this patient. The records provided do not specify if the patient has had a trial of weight loss measures including dietary modification and a daily exercise program. The response to any prior attempts of weight loss treatments are not specified in the records provided. Tests for medical conditions contributing to his inability to lose weight like hypothyroidism are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the pts weight gain are not specified in the records provided The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Detailed response to this conservative treatment was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The medical necessity of the request for [REDACTED] weight loss program is not fully established in this patient.

12 sessions of aquatic therapy for the lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): Page 22.

Decision rationale: Q-2- 12 sessions of aquatic therapy for the lumbar spine and bilateral knees Per MTUS guidelines, aquatic therapy is, "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 12 sessions of aquatic therapy for the lumbar spine and bilateral knees is not fully established in this patient.