

<b>Case Number:</b>	CM15-0027196		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 55 year old female who was involved in a motor vehicle accident when rear ended at a stop sign on May 7, 2012. There was no loss of consciousness. The injured worker complained of neck pain, low back pain and headache. Initial cervical X-Rays were negative for acute findings. The injured worker was diagnosed with chronic cervical degenerative joint disease, shoulder bursitis, bilateral carpal tunnel syndrome, posterior traumatic headaches and chronic depression. According to the primary treating physician's progress report on January 21, 2014 the injured worker was re-evaluated for chronic neck pain and headaches. The injured worker continues to experience burning pain across the shoulders, upper extremities and hands. Examination demonstrated tenderness with subluxation of the sternoclavicular joint on the right with full range of motion and crepitus on circumduction passively of both shoulders. Cervical compression caused neck pain without radiation. There was limited range of motion of the neck in all planes. Since the injury there was significant weight gain due to a sedentary lifestyle and pain. Specific increase was not noted. Current medications are listed as Norco, Lyrica, Cymbalta and Omeprazole. Current treatment modalities or home exercise program were not noted. The treating physician requested authorization for One (1) weight loss consultation and follow-ups and One (1) ThermaCare wraps #60. On February 5, 2015 the Utilization Review denied certification for One (1) weight loss consultation and follow-ups and One (1) ThermaCare wraps #60. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and alternative guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Thermacare wraps #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Hot/Cold Treatments, Heat Therapy; Neck and Upper Back Chapter, Cold/Heat Therapy.

**Decision rationale:** This patient presents with neck pain, lower back pain, and headache. The provider has asked for Thermacare wraps #60 on 1/21/15 "apply 2 daily for localizing pain." Regarding heat therapy, Official Disability Guidelines recommends as an option for treating low back pain, particularly in conjunction with exercise. Back: Regarding heat therapy, Official Disability Guidelines recommends as an option for treating low back pain, particularly in conjunction with exercise. Regarding heat therapy for the neck, Official Disability Guidelines states, "Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient." In this case, the patient has chronic back/neck pain. The provider is requesting a heat wrap. Official Disability Guidelines support heat for lower back pain as well as for neck pain. Given the patient's chronic pain condition, the request appears reasonable. The request is medically necessary.

### **One (1) weight loss consultation and follow-ups:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K, Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians, Ann Intern Med 2005 Apr 5; 142(7): 525-31.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs. Number: 0039.

**Decision rationale:** This patient presents with neck pain, lower back pain, and headache. The provider has asked for weight loss consultation and follow ups on 1/21/15. The provider states: "I will request authorization for a consult with Jenny Craig for weight loss supervision for her and some follow-up visits to help her reduce some of her weight due to sedentary status due to her industrial injury" per 1/21/15 report. The patient's BMI was 25 when she weighed 142 pounds. She now weighs 170 pounds which makes her BMI under 30. Regarding Clinician Supervision of Weight Reduction Programs, Aetna Clinical Policy Bulletin states, "Up to a

combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI  $\geq 30$  kg/m<sup>2</sup>)." In this case, the patient's BMI is under 30, which Aetna states is not considered medically necessary for weight loss reduction counseling. In addition, the provider does not discuss if other measures of weight loss have been tried and failed. Aetna states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. The request is not medically necessary.