

<b>Case Number:</b>	CM15-0221391		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	06/19/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 43-year-old male who sustained an industrial injury June 19, 2015, status post motor vehicle accident, unrestrained transit bus driver. Past history included asthma, obesity, left knee reconstruction, and cyst removal chest. He had been treated with therapy, acupuncture and medications. Diagnoses are status post motor vehicle accident; cervical strain; lumbar strain; bilateral knee degenerative joint disease; rule out internal derangement bilateral knees. According to a primary treating physician's progress report dated October 13, 2015, the injured worker presented with complaints of neck pain, lower back pain and bilateral knee pain. He complains of difficulty walking for prolonged periods of time, difficulty with the stairs and steps and locking, popping, and giving way in the bilateral knees with intermittent swelling. Physical examination revealed; 5'11" and 320 pounds; cervical spine- negative Spurling's test, sensation within normal limits over the upper extremities, pain with extension and lateral bend to the right and left; lumbar spine- positive antalgic gait, walking on heels and tiptoes performed without difficulty, negative straight leg raise; left knee- positive crepitus, medial, lateral and patellofemoral facet tenderness, negative McMurray's and positive anterior drawer; right knee- positive crepitus, positive medial lateral and patellofemoral facet tenderness; negative McMurray's and varus valgus laxity. The physician documented the injured worker is indicated for a weight loss surgical procedure to relieve the strain on his bilateral knees. There is no documentation in the medical record indicating previous tried and failed weight loss programs and or dietary restrictions with documented weight loss. At issue, is the requests for authorization for weight loss surgical procedure, internal medicine consultation, Omeprazole, an

MRI of the lumbar spine and cervical spine, TENS (transcutaneous electrical nerve stimulation) unit, lumbar corset, physical therapy 3 x 6 for the bilateral knees, and additional physical therapy for the lumbar and cervical spine. According to utilization review dated November 4, 2015, the requests for Diclofenac XR and a cane were certified. The requests for a weight loss surgical procedure, internal medicine consultation, Omeprazole, an MRI of the lumbar spine and cervical spine, TENS unit, lumbar corset, physical therapy 3 x 6 for the bilateral knees, and additional physical therapy for the lumbar and cervical spine 3 x 6 were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Weight Loss Surgical Procedure: 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/25105982>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-ODG, NIH Consensus Statement on Gastrointestinal Surgery for Severe Obesity.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a laparoscopic sleeve gastrectomy with 2-4 day inpatient admission. The clinical records submitted do not support the fact that this patient had evidence of compliance with a medically supervised, non-surgical weight reduction plan. Failure of pharmacologic therapy to lose weight in a medically supervised manner has also not been documented. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of laparoscopic sleeve gastrectomy. According to the NIH Consensus Statement on Gastrointestinal Surgery for Severe Obesity, the documentation of pharmacologic and physician supervised weight loss should be made to prove that appropriate non-surgical interventions have been exhausted. Likewise, documentation of a formal psychological evaluation to demonstrate that the patient is a sound candidate for bariatric surgery & is able to adhere to post-surgical behavior management requirements has not been completed. Furthermore, the request for weight loss surgical procedure is not quantifiable. A specific request for surgery must be made to allow planning for the type of operation to be performed. Surgical bariatric procedures include roux en Y, sleeve gastrectomy and gastric banding. None of these are requested in the medical documentation. Therefore, based on the submitted medical documentation, the request for weight loss surgical procedure is not medically necessary.

#### **Internal Medicine Consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a medicine consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent, unstable comorbid medical diseases requiring consultation. The California MTUS guidelines address the issue of consultants by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has not been documented to have any recent evidence of metabolic dysfunction, including tissue insult or nerve impairment. The patient's medical problems are not documented as unique or inherently so complex that they cannot be managed by the patient's regular medical provider. Therefore, based on the submitted medical documentation, the request for Internal Medicine consultation is not medically necessary.

**Omeprazole 20mg #60 dispensed on 10/13/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that he has GERD. Furthermore, the patient has no documentation of why chronic PPI therapy is necessary. His GERD is not documented to be refractory to H2 blocker therapy and he has no records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Omeprazole prescription is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a lower back (lumbar spine) MRI for this patient. The MTUS guidelines recommend that: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this patient's case, the patient's physical exam does not document any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant a lower back MRI study. The patient's complaints of pain are subjective and not in a radicular distribution. Therefore, based on the submitted medical documentation, the request for a MRI of the lumbar spine is not medically necessary.

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this imaging study for this patient. The California MTUS guidelines state regarding special studies of the Cervical spine, "Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure." Regarding this patient's case, the documentation provided does not suggest any significant change in symptoms. No new red flags are documented. No evidence of change in neurological dysfunction or tissue insult from the time of the patient's prior scan. Likewise, there is no documentation of a planned eminently invasive procedure. Therefore, based on the submitted medical documentation, the request for an MRI of the cervical spine is not medically necessary.

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a TENS unit for this patient. The California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is evidence that

other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. 3. Other ongoing pain treatment should also be documented during the trial period including medication usage. 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long-term goals) was submitted. There is also no documentation that other treatment modalities have been tried and failed. Therefore, based on the submitted medical documentation, the request for TENS unit is not medically necessary.

### **Lumbar Corset: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. MTUS and ACOEM fail to address this topic. Per ODG, lumbar support braces are: "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)." Therefore, based on the submitted medical documentation, the request for lumbar brace is not medically necessary.

### **Physical Therapy 3x6 for the Bilateral Knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of further physiotherapy for this patient. The value of physical therapy increases when a physician gives the therapist a specific diagnosis of the lesion causing the patient's symptoms. With a prescription that clearly states treatment goals, a physician can use communication with the therapist to monitor such variables as motivation and compliance. The California MTUS Guidelines state that physician should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The medical records support that this patient has lumbar back pain and knee pain; however, the requested PT sessions are not indicated because the patient has not had

meaningful documented improvement of prior PT sessions. In order to establish necessity, the patient's medical records must reflect the length, type, level of improvement and functional gains measured in prior PT sessions. Without proof of positive functional restoration or improvement, further PT therapy is not indicated. Therefore, based on the submitted medical documentation, the request for Physical Therapy of the bilateral knees 3x6 is not medically necessary.

**Additional Physical Therapy for the Lumbar Spine and Cervical Spine 3x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of further physiotherapy for this patient. The value of physical therapy increases when a physician gives the therapist a specific diagnosis of the lesion causing the patient's symptoms. With a prescription that clearly states treatment goals, a physician can use communication with the therapist to monitor such variables as motivation and compliance. The California MTUS Guidelines state that physician should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The medical records support that this patient has lumbar back pain and knee pain; however, the requested PT sessions are not indicated because the patient has not had meaningful documented improvement of prior PT sessions. In order to establish necessity, the patient's medical records must reflect the length, type, level of improvement and functional gains measured in prior PT sessions. Without proof of positive functional restoration or improvement, further PT therapy is not indicated. Therefore, based on the submitted medical documentation, the request for Physical Therapy of the lumbar and cervical spine 3x6 is not medically necessary.