

Case Number:	CM15-0041246		
Date Assigned:	03/11/2015	Date of Injury:	03/06/2013
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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: Florida
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 male, who sustained an industrial injury on 3/6/13. He reported initial complaints of neck, bilateral shoulders and lower back pain. The injured worker was diagnosed as having lumbar spine sprain/strain; degeneration of cervical intervertebral disc; unspecified backache; lumbar spine degenerative disc disease; bilateral lower extremity radiculopathy. Treatment to date has included EMG/NCS upper extremities (8/1/13); MRI lumbar spine (7/26/13); x-rays lumbar spine (1/20/15); physical therapy; medications. Currently, per PR-2 dated 1/20/15, the injured worker complains of constant neck, shoulder blade and low back pain that radiates to the lower extremities with numbness and tingling in both legs and feet. The provider does not feel surgical intervention is indicated but recommends a weight loss program and physical therapy twice a week for six weeks.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Peer- reviewed and evidenced based article "Obesity Treatment & Management" <http://emedicine.medscape.com/article/123702-treatment#aw2.aab6b6b1aa> Author: Osama Harndy, MD, PhD; Chief Editor: Romesh Khardori, MD, PhD, FACP.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians. "Which Weight-Loss Programs Are Most Effective?" Am Fam Physician. 2012 Aug 1; 86(3): 280-282.

Decision rationale: The California MTUS guidelines, ODG, and ACOEM are all silent on the issue of weight loss programs. There is no documentation that has been provided that this patient's obesity is directly caused by his workman's compensation injury. He may well have been obese before his injury. No weights were submitted on this patient from prior to his workman's compensation related injury. There is no documentation that he has failed at an attempt to lose weight on his own either. This patient can continue his diet and exercise efforts in the home setting. This request for a weight loss program is considered not medical necessary.

Physical therapy twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had 6 physical therapy sessions, without documentation of benefits derived from them. Now, his physician is requesting an additional 12 sessions, which, combined with the original 6 sessions, exceeds guideline recommendations. Likewise, this request is not medically necessary.