MAXIMUS Federal Services

Case Number:	CM15-0042303		
Date Assigned:	03/12/2015	Date of Injury:	08/01/2003
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41-year-old female who sustained an industrial injury on 8/1/03. The injured worker reported symptoms in the back with radiation to the lower extremities. The injured worker was diagnosed as having lumbar spondylosis L5-S1, bilateral carpal tunnel syndrome and morbid obesity. Treatments to date have included oral pain medication and physical therapy. Currently, the injured worker complains of back pain with radiation to the anterior thighs noted by the treating provider as "constant and severe in nature." The plan of care was for medication prescriptions, weight loss program, physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [redacted] **loss program:** Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic non-specific axial low back pain Page(s): 17. Decision based on Non-MTUS Citation Spine J 2011 Mar; 11(3):197-204.

Decision rationale: According to MTUS guidelines, "Reduction in pain rating index appeared to be correlated with weight reduction." While the specific requested weight loss program is not mentioned in the guidelines, a review of the literature shows that a pilot prospective cohort study suggests that a 52-week multidisciplinary, medically supervised, nonsurgical weight loss program in obese patients with lower back pain improved both pain and function. The peer review states that since this specific weight loss program is not mentioned in the guidelines than it is not medically necessary. However, MTUS states 9792.21: Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, consequently based on the cited literature, the requested program is medically necessary.

12 Sessions of Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries." The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. The peer reviewer states that the requested course of treatment is not indicated as there is lacking records indicating if there was previous attempt of PT. From my review there is no indication that PT has been performed, however for an initial course of therapy the guidelines allow for initial course of up to 10 PT sessions. Consequently based on the guidelines and my review of the provided records I believe the requested 12 sessions of physical therapy are beyond the MTUS guidelines for initial course of therapy. The request is not medically necessary.

60 Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.

1 Urine drug toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: While urinary drug testing is supported by the guidelines for patients under chronic opioid pain management. In this case, the requested treatment with short acting opioids is not considered appropriate. Therefore, the requested urine drug toxicology is not medically necessary.