

Case Number:	CM15-0043518		
Date Assigned:	03/13/2015	Date of Injury:	05/18/2012
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 60 year old male, who sustained an industrial injury on 5/18/2012. He reported a "pop" in his back and then pain which radiated down his left leg with numbness and weakness. A diagnosis was not provided. Treatment to date has included physical therapy, acupuncture, chiropractic, medications, modification of activities, and diagnostics including magnetic resonance imaging (MRI). He underwent left L4-5 and L5-S1 microdiscectomy dated 11/12/2013. Per the most recent submitted Supplemental Report dated 1/17/2014 the injured worker reported worsening leg pain. Physical examination revealed antalgic gait described as improving slowly. He ambulates with a cane. He has substantial difficulty moving his left leg due to neuropathic pain. There was pain to palpation of the L4-5 and L5-S1 areas. Range of motion was limited secondary to pain. The plan of care included further diagnostic testing including EMG (electromyography)/NCS (nerve conduction studies). Authorization was requested for weight loss program.

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 CMS 40.5 - Treatment of Obesity.

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: According to the 01/17/2014 report, this patient presents with intermittent moderate low back pain. The current request is for Weight loss program but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 01/17/2014 and the utilization review letter in question is from 02/18/2015. The patient's work status is "unable to return back to work until further evaluation." Regarding weight loss programs, MTUS and ODG Guidelines do not provide a discussion. AETNA guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m^2 **)." AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, Optifast liquid protein meals, NutriSystem pre-packaged foods, or phytotherapy), Weight Watchers, Jenny Craig, Diet Center, Zone diet, or similar programs. In this case, the treating physician does not indicate why the patient needs to attend a weight loss program. The patient's BMI was not included in the report for review. There is no discussion as to what this weight loss program is to entail, whether or not it is medically supervised, what type of program it is. Therefore, the request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy trial Page(s): 114-116.

Decision rationale: According to the 01/17/2014 report, this patient presents with intermittent moderate low back pain. The current request is for TENS (transcutaneous electrical nerve stimulation) unit but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 01/17/2014 and the utilization review letter in question is from 02/18/2015. The patient's work status is "unable to return back to work until further evaluation." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Based on the one report provided for review indicates that the patient has neuropathic pain and there is no indication that the patient has trialed a one-month rental. The requested TENS units appears reasonable, but the treating physician does not indicate if this request is for a one month

trial or for purchase. MTUS supports a one month trial of the TENS unit for the treatment of Neuropathic pain. The request is not medically necessary.