

Case Number:	CM15-0049658		
Date Assigned:	03/23/2015	Date of Injury:	02/16/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, California

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 63 year old male, who sustained an industrial injury on February 16, 2013. He reported sitting on a stool, when the stool shot out from underneath him, causing him to fall, causing a cut on the right arm and marked increase in lower back pain radiating into the right hip. The injured worker was diagnosed as having lumbago (lumbalgia, low back syndrome, and low back pain), lumbosacral spondylosis without myelopathy, lumbar disc degeneration, and right hip pain/osteoarthritis improved. Treatment to date has included x-rays that revealed degenerative changes, MRI of the lumbar spine on March 17, 2014 that revealed disc protrusion and foraminal narrowing, a right hip injection, and medication. Currently, the injured worker was noted to not appear in any pain. The Treating Physician's report dated February 17, 2015, noted the injured worker ambulating without assistance, with some decreased flexion and extension noted of the lumbar spine. The patient has had normal gait, reflexes and negative SLR. The Physician noted no tenderness in the lumbar spine musculature or hips. The Physician requested authorization for a MRI of the lumbar spine and [REDACTED] x6-9 months. The injured worker was noted to return to full duty without restrictions and may return to their usual and customary job. The patient's surgical history include cervical fusion. The patient had received right hip injection. Per the doctor's note dated 1/4/15 patient had complaints of low back pain and hip pain. Physical examination of the low back revealed limited range of motion. The medication list includes Vicodin, Tylenol, Celebrex and Oxycodone. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ (months) Qty 9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, page 1-42 and Annals of Royal College of Surgeons of England, "Obesity and Recovery from Low Back Pain".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 11/21/14) Gym memberships and Other Medical Treatment Guidelines PubMedPharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Snow V, Barry P, Fitterman N, Qaseem A, Weiss K, Clinical Efficacy Assessment Subcommittee of the American College of Physicians Ann Intern Med. 2005;142(7):525. =====.

Decision rationale: Request: ██████████ (months) Qty 9. ██████████ is a kind of a weight loss program. ACOEM/CA MTUS and ODG do not specifically address weight loss program. Per the cited guidelines Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. Treatment for obesity involves either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline Joint Position Statement on Obesity in Older Adults "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients." The records provided do not provide detailed information about the patient's current body mass index and dietary history for this patient. The records provided do not specify if the patient has had a trial of weight loss measures including dietary modification and a daily exercise program. The response to any prior attempts of weight loss treatments are not specified in the records provided. Tests for medical conditions contributing to his inability to lose weight like hypothyroidism are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the pts weight

gain are not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Detailed response to this conservative treatment was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for [REDACTED] (months) Qty 9 is not fully established in this patient. Therefore, the request is not medically necessary.