

Case Number:	CM15-0052401		
Date Assigned:	03/25/2015	Date of Injury:	05/16/2007
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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:

This is a 52 year old female patient, who sustained an industrial injury on 5/16/07. The diagnoses include lumbar spine disc herniation and lumbar spine radiculopathy. Per the doctor's note dated 3/24/2015, she had complains of lumbar spine pain with radiation to right lower extremity with tingling and numbness. Physical examination revealed decreased range of motion of the lumbar spine with pain, antalgic gait. The current medications list includes norco, soma, gabapentin, tramadol and ambien. She has had left knee MRI on 2/19/2014. Treatment to date has included home exercise program, oral medications including opioids and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace size 2x: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: Request: Back Brace size 2x. Per the ACOEM guidelines "There is no evidence for the effectiveness of lumbar supports." The cited guidelines do not recommend lumbar support for low back pain. Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of Back Brace size 2x is not fully established for this patient.

Continue AquaTherapy 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page(s) 22.

Decision rationale: Request- Continue AquaTherapy 2x6. Per MTUS guidelines, aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Lack of response to previous land based physical therapy is not specified in the records provided. In addition, patient has already had aqua therapy visits for this injury. There is no evidence of significant ongoing progressive functional improvement from the previous PT visits that is documented in the records provided. The medical necessity of Continue AquaTherapy 2x6 is not fully established for this patient.

██████████ or ██████████ **Weight Consult and Treat:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Diet Assoc. 2007 Oct.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 02/27/15) Gym memberships and Other Medical Treatment Guidelines American Family Physician. 2006 Jun 1;73(11):2074-2077.-Practice Guideline- Joint Position Statement on Obesity in Older Adults.

Decision rationale: ACOEM/CA MTUS do not specifically address weight loss program. Per the cited guidelines "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." Treatments for obesity 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 patient's dietary history. The response to any prior attempts of weight loss treatments 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 patient's weight gain are not specified in the records provided. The medical necessity of [REDACTED] or [REDACTED] Weight Consult and Treat is not fully established for this patient at this time.