MAXIMUS Federal Services

Case Number:	CM15-0056679		
Date Assigned:	04/01/2015	Date of Injury:	09/28/2005
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/25/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 59 year old female who has reported neck, back, shoulder, and extremity pain after a pulling injury on 9/28/05. The diagnoses have included disc displacement, tenosynovitis hand/wrist, depressive disorder, chronic pain syndrome, lumbosacral neuritis, lumbago, anxiety, arthrodesis, alcohol abuse, spine strains, and anterior cervical fusion. Treatment to date has included lumbar fusion at L4-5, laminectomy and facetectomy at L4-5 and L5-S1, anterior cervical discectomy and fusion at C4-5 and C5-6 on 7/16/14, physical therapy, and medications. Per a report from a psychologist on 9/18/14, the injured worker was depressed and dysfunctional, and has pain in the neck, hands, and legs. She has difficulty with activities of daily living and requires home caretaking. The PR2 of 10/13/14 had very similar information as that in the report of 11/26/14, with the same treatment requests. Per the PR-2 of 11/26/14, there was neck pain, interscapular pain, and bilateral hand pain, 9-10/10. Bilateral leg pain, paresthesias, and weakness are associated with the low back pain. Symptoms are worse since her last visit. She is a status post cervical C4-5 and C5-6 (2014) and lumbar L4-5 and L5-S1 fusion (2013). The height was 5'7' and the weight was 239 [unchanged since 2013]. Spinal range of motion was slightly decreased. The neurological examination was normal other than 4+/5 bilateral iliopsoas strength. No gait deficits were described. Cervical spine radiographs were reviewed, and showed intact hardware and interim fusion. The 4/5/14 cervical MRI showed multilevel spondylosis and multilevel foraminal narrowing. The lumbar radiographs from 2/27/14 showed surgical changes and spondylolisthesis. The 2/27/14 lumbar MRI showed a postoperative hematoma/seroma and surgical changes. The lumbar CT of 2/27/14 showed

surgical changes. The treatment plan included transcutaneous electrical nerve stimulation (TENS), an electromyogram (EMG) of the lower extremities for radiculopathy vs. peripheral neuropathy, aqua therapy, x-rays of the cervical spine to assess healing, fracture, instability, home health 4 hours per day for education, help with walking deficits, and help with activities of daily living, and CT scan of the cervical spine to evaluate bony structures and the fusion. There was a discussion of the treatment used to date. There was no discussion of the specific findings and indications for a weight loss program. On 3/9/15 Utilization Review non-certified a cervical spine CT, home health care, electrodiagnostic testing, a weight loss program, and cervical spine x-ray studies. The MTUS and a journal article were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient CT Scan of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter, CT.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for another invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. The pain is widespread and not highly suggestive of focal pathology. The last set of imaging studies did not show evidence of surgical complications or specific pathology requiring further imaging. The Official Disability Guidelines do not recommend repeat testing absent new clinical findings and good evidence of significant, new pathology. That kind of indication is not present in this case. A CT is not recommended until radiographs have been performed. The CT is not medically necessary based on the recommendations in the guidelines.

Home Health Care 4 hours a day, no frequency/duration indicated: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request is insufficient in that there is no duration listed. Home care of a custodial nature may be medically necessary when a patient has an injury or illness, which renders them unable to provide basic self-care. This injury or illness must be verifiable in an

objective manner, and must be reasonably expected to cause a profound degree of impairment. A typical example would be paralysis after a stroke. A patient report of impairment or pain is not a sufficient basis on which to provide home care. Patient convenience is not an adequate basis for home custodial care. There must also be good medical evidence to support the need for home care. In this case, typical patients of this sort are able to provide for themselves with respect to activities of daily living (ADLs). No medical reports establish specific impairment requiring home assistance. The recent medical reports show a normal gait, good strength and range of motion (ROM), with no significant deficits. In this case, the patient is reportedly unable to perform some quantity of ADLs; typical patients of this sort are able to provide for themselves with respect to ADL's. In addition, return to function is aided by patient activity, not inactivity. There is insufficient information now demonstrating medical necessity for home custodial care.

Electromyography (EMG) of the lower extremities (LE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

Decision rationale: There are no reports from the prescribing physician, which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation has no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms, only non-specific leg symptoms. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

Weight Loss Program, no frequency/duration indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Obesity in adults: Overview of management. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS does not provide direction for weight loss programs or obesity treatment. Medical necessity for a "weight loss program" is contingent upon more than just the presence of obesity. Per the UpToDate reference, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UpToDate guideline lists several obesity management protocols from major national medical organizations. The treating physician has not provided sufficient information regarding this injured worker's past and current weight, prior treatment for obesity, specific details of any proposed obesity treatment, goals for treatment, and duration of any proposed treatment. Absent these kinds of specific details and treatment plan, a request for a weight loss program lacks the necessary components to demonstrate medical necessity.

X-Rays of the cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: radiography (x-rays).

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. The Official Disability Guidelines recommend x-ray studies after a fusion surgery and for chronic neck pain after surgery. This injured worker has had a prior surgery and there is no evidence of radiographs taken after that surgery. The radiographs are an option to evaluate the status of the fusion. The Utilization Review is overturned, as the Utilization Review did not provide specific evidence to support or refute the use of x-ray studies in this context.