

Case Number:	CM15-0087493		
Date Assigned:	05/11/2015	Date of Injury:	09/15/2014
Decision Date:	06/12/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/06/2015

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 42-year-old female patient, who sustained an industrial injury on 9/15/2014. The current diagnoses are cervical/lumbar spine sprain/strain with myofascitis and bilateral wrist tendonitis. She sustained the injury due to cumulative injury. According to the progress report dated 4/20/2015, she had complains of pain in the neck, back, wrists, and shoulders; sleeplessness and worsening depression and anxiety. The physical examination revealed positive Spurling's test, tenderness to the cervical spine, low back, occiput, and bilateral wrists, positive straight raise leg test. The current medication list includes elavil. She has had cervical MRI on 2/17/2015, which revealed multilevel disc dessication and mild facet joint arthropathy; MRI lumbar spine on 2/11/15, which revealed disc herniation at L4-5. She has had physical therapy and chiropractic care for this injury. The plan of care includes weight loss program and 12 chiropractic sessions.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 05/05/15) 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: Request: Weight Loss Program. 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. The medical necessity of Weight loss program is not fully established for this patient at this time. Therefore, request is not medically necessary.

Chiropractic Manipulation Qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 58- 60, Manual therapy & manipulation.

Decision rationale: Request: Chiropractic Manipulation Qty 12. Per the cited guidelines regarding chiropractic treatment, "Elective/maintenance care is Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has had chiropractic and physical therapy for this injury. There is no evidence of significant ongoing progressive functional improvement from the previous chiropractic therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic Manipulation Qty 12 is not fully established for this patient. Therefore, the request is not medically necessary.