

Case Number:	CM15-0089715		
Date Assigned:	05/14/2015	Date of Injury:	09/10/2013
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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 37-year-old female who sustained an industrial injury on September 10, 2013. She has reported back pain that radiates down the lower extremity and has been diagnosed with L4-L5 central disc protrusion with disc desiccation in this individual with back pain and bilateral lumbar complaints, greater on the left. Treatment has included medications, physical therapy, injection, and a TENS unit. Examination noted tenderness along the lumbar paraspinal muscles, iliolumbar regions. Straight leg raising elicited hamstring tightness. Neurological examination was intact. MRI of the lumbar spine dated May 21, 2014 revealed a central L4-L5 disc protrusion with mild facet degeneration. The treatment request included a weight loss program x 3 months and a CBC and CMP for medication monitoring. The medication list include Mobic, Ultram, Meloxicam and Zanaflex. The patient has had BP 150/100, HR 84 and BMI 32.3. The patient has had no murmur, cardiomegaly and normal sinus rhythm, normal respiratory examination

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program for three months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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 05/15/15) Gym memberships and Other Medical Treatment Guidelines PubMed Pharmacologic 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: Weight Loss Program for three months. 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. In addition, 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 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 patient has received an unspecified number of PT visits for this injury. 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 Weight Loss Program for three months is not medically necessary for this patient.

Complete Blood Count and Complete Metabolic Panel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects-Routine Suggested Monitoring: page 70.

Decision rationale: Complete Blood Count and Complete Metabolic Panel Per the cited guidelines, Routine Suggested Monitoring: "recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests)." The medication list include Mobic/ Meloxicam, Ultram, and Zanaflex. The patient has had a BP of 150/100, HR 84 and BMI 32.3. The patient has high blood pressure and the patient is on NSAIDS. When a patient is on NSAIDS for an extended period of time, it is appropriate to do lab tests like a CBC and CMP to monitor for adverse effects of NSAIDS including gastrointestinal bleeding and subsequent anemia, renal dysfunction or liver dysfunction. Therefore, the blood tests including Complete Blood Count and Complete Metabolic Panel are certified as medically necessary for this patient at this time.