

Case Number:	CM15-0243812		
Date Assigned:	12/23/2015	Date of Injury:	11/29/2007
Decision Date:	01/29/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/15/2015

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: New Jersey, New York
 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 52-year-old female, who sustained an industrial injury on November 28, 2007. The injured worker was diagnosed as status post L3-4, L4-5 and L5-S1 posterior lumbar interbody fusion with residuals, bilateral lower extremity radiculopathy right greater than left, morbid obesity, medication induced gastritis and lumbar spinal cord stimulator permanent implantation. Treatment to date has included diagnostic studies, surgery, physical therapy, exercises and medication. Her spinal cord stimulator was noted to provide 40-50% pain relief. On November 10, 2015, the injured worker complained of debilitating low back pain with radicular symptoms into the right lower extremity. Notes stated that she has been unable to function and increase her activities of daily living the aid of her current medical regimen. She is desperately looking for a way to increase her activity level and try to lose weight. She had recently gained 10 pounds and is up to 328 pounds. Notes stated that she is too heavy and has too much chronic pain from her lumbar spine disability to ambulate for any appreciable length of time. She has a history of having a gastric bypass 15 years ago. She lost about 150 pounds but about 50% of that returned due to her inactivity level from her longstanding lumbar spine disability. On the day of the exam, her current medications included Norco, Ultracet, Anaprox, Prilosec, Prozac, Zanaflex, Neurontin, Topamax, Ambien and topical cream. The treating physician noted that it was extremely important the injured worker is able to rehabilitate with non-weight bearing, non-gravity exercises. She needs access to a warm pool so that she can transition from aqua therapy to self-directed aqua therapy-conditioning several days a week. The treatment plan included twelve sessions of aqua therapy, medications, topical cream, trigger

point injections, [REDACTED] and consideration for an evaluation with a gastric bypass surgeon. On November 18, 2015, utilization review denied a request for [REDACTED] times six months. A request for aqua therapy lumbar spine two times weekly for six weeks quantity of twelve sessions was modified to aqua therapy six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED], **6 months: Upheld**

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): 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 USPSTF Screening for and management of obesity in adults, Annals of Internal Medicine.

Decision rationale: The request for a weight loss program is not medically necessary. Weight loss will be essential to her recovery as increased weight is contributing to her back dysfunction. However, the use of a weight loss program is not addressed in any guidelines found in MTUS or ODG. According to USPSTF, a weight loss program would aid the patient however; one program has not been shown to be more effective than others. The patient can also receive care through her primary care physician, dietitian, and changing her diet and lifestyle. There is no documentation that patient has attempted to change her lifestyle with the aid of his physician or a dietitian. Therefore, the request is considered not medically necessary.

Aqua therapy, lumbar spine, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. It is beneficial for morbidly obese patients, but MTUS also recommends 8-10 sessions of aquatic therapy. The 12 sessions requested would exceed this limit. Therefore, aquatic therapy as stated is not medically necessary at this time.