

Case Number:	CM14-0160416		
Date Assigned:	10/06/2014	Date of Injury:	01/10/2000
Decision Date:	10/30/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 01/10/00. A weight loss program and deep tissue massage sessions are under review. The claimant is status post L4-5 laminectomy and has received multiple treatment modalities for chronic pain including chronic lumbar radiculopathy and right L5 radicular pain. He also has had chronic mid-low back pain and right lower extremity radicular pain and numbness. His pain is relieved by medications, acupuncture, deep tissue massage, TENS, weight loss, and rest. He has complained of increased pain in the low back and stated he had not received approval for acupuncture which had helped him to keep working and helped his range of motion and flexibility. Continuation of his weight management program had not been approved and weight loss also helped to relieve his pain. He was evaluated by a provider on 08/25/14. His pain was controlled with the use of medications including ibuprofen and Tizanidine. He was awaiting approval for acupuncture, a weight loss program, deep tissue massage, and gym membership. There is no mention of an ongoing exercise program. His weight, BMI, and weight changes are not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Positive change weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V Barry P, Fitterman N, Qaseem A, Weiss K, Pharmacologic and surgical management of obesity in primary care: a clinical practice

guideline from the American College of Physicians. Ann Intern Med 2005 April 5; 142 (7):525-31

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: Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, Kaufman T, Kennedy E, Kestenbaum C, Lano M, Leslie D, Newell T, O'Connor P, Slusarek B, Spaniol A, Stovitz S, Webb B. Prevention and management of obesity for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 May.

Decision rationale: The history and documentation do not objectively support the request for continuation of the Positive Change weight management program. The MTUS do not address this request and the ICSI state that weight loss can be managed by clinicians and the 5 A's should be addressed during initial phases of counseling and guidance. They include the following: The clinician should follow the 5 A's (Ask, Advise, Assess, Assist, Arrange). Clinician intervention can be effective and influential, and successful management is possible. ASK about weight, measure height and weight and calculate BMI. ADVISE to lose weight. In a clear, strong, but sensitive and personalized manner, urge every overweight or obese patient to lose weight. ASSESS readiness to lose weight. Ask every overweight or obese patient if he or she is ready to make a weight loss attempt at the time (e.g., within the next 30 days). ASSIST in weight-loss attempt. Help the patient with a weight loss plan. Refer to appropriate resources ARRANGE follow-up. Schedule follow-up contact, either in person or via telephone. There is no evidence that these criteria have been addressed and monitored and the claimant failed to lose weight and needs a more intensive program with a dietary counselor other than the provider on this case. Typically, patients are advised on dietary guidelines, exercise, etc. and can make an attempt to lose weight. There is no evidence that the claimant has received basic counseling about weight loss. Also, it is not clear whether psychological issues have been assessed as to a possible association with his weight. There is no evidence of failed independent weight loss, including dietary change or an ongoing program of exercise. The claimant's weight, BMI, and weight changes are not described. Therefore, Positive change weight loss program is not medically necessary.

6 deep tissue massage sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 94.

Decision rationale: The history and documentation do not objectively support the request for 6 deep tissue massage therapy sessions for the lumbar spine. The frequency and duration of treatment are not stated. The MTUS state "massage therapy may be recommended as an option.... This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse

musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain." This claimant's course of treatment with massage therapy is unclear, including the dates and the number of visits, and especially the specifics of any benefit that is anticipated for him. There is no evidence that the claimant has been involved in an ongoing exercise program to try to maintain the benefits of this type of treatment. There is no objective or measurable data that supports this request for massage therapy. The MTUS does not support prolonged treatment and warns about avoiding dependence on treatment of this type. Therefore, The 6 deep tissue massage sessions are not medically necessary.