MAXIMUS Federal Services

Case Number:	CM14-0180794		
Date Assigned:	11/05/2014	Date of Injury:	11/21/2011
Decision Date:	12/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopaedic Surgery 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:

This 38-year-old female sustained an industrial injury on 111/21/11. Injury occurred when she slipped and fell on her back, injuring her left knee. She was employed as a service deli clerk. Past surgical history was positive for remote left knee surgery and left knee arthroscopy with chondroplasty and microfracture of the medial femoral condyle, chondroplasty of the lateral femoral condyle and patella, removal of loose body, and synovial biopsy on 3/27/12. The 4/22/13 left knee MR arthrogram impression documented diminutive anterior horn lateral meniscus, tiny focal defect of the median ridge of the retropatellar articular cartilage, focal cartilage defect weight bearing medial femoral condyle, lateral compartment degenerative change, and intact ligaments and tendons. Records indicated that the patient was 5'3' tall and her weight fluctuated from 230 pounds on 1/21/14, to a high of 242 pounds on 2/25/14, and a low of 215 pounds on 5/20/14. The 7/22/14 treating physician report cited significant neuropathic left knee pain. She underwent left L2 and L3 lumbar sympathetic ganglion blocks on 6/30/14. Left knee symptoms improved greatly following the sympathetic blocks by 50-60% with decreased hypersensitivity, improved range of motion, and decreased Vicodin use from 2 to 3 per day to 0-1 per day. Pain gradually returned to pre-injection levels after 2 weeks. Physical exam documented weight 230 pounds, posterior cervical muscle tenderness, and decreased left grip strength. Left knee exam documented hypersensitivity, decreased range of motion, soft tissue swelling, and purplish discoloration. The diagnosis included advanced left knee arthropathy and left knee complex regional pain syndrome. The patient had undergone two lumbar sympathetic ganglion blocks with significant pain reduction, confirming her pain was sympathetically-mediated. The treating physician opined that continued sympathetic blocks would not be helpful in the long run. Aquatic or land physical therapy would be helpful. The treating physician opined that exercise would be more helpful if the patient went through with the spinal cord stimulator

and her pathology was better controlled, then she could strength her left knee and gait. The patient had gained a lot of weight since her injury and asked if she could be enrolled in a weight loss program. Authorization was requested for weight loss program, spinal cord stimulator trial, and psychological screening for spinal cord stimulator trial or implant. Records indicated that aquatic therapy x 12 sessions was approved on 8/6/14. The 10/6/14 utilization review denied the request for weight loss program as documentation did not clearly identify a treatment log demonstrating failure of weight loss despite adherence to an independent program of dietary counseling, behavior modification, caloric reduction, increased physical activity, etc. The request for spinal cord stimulator trial was denied as there was no documentation that the patient had a psychological evaluation and clearance to proceed with spinal cord stimulator trial. The 10/6/14 utilization review certified a request for psychological screening.

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: 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: Washington State Department of Labor and Industries; Medical Aid Rules & Fee Schedule Guidelines, Professional Services 7/1/09, Chapter 20, pages 20-3 and 20-4.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not provide recommendations relative to supervised weight loss as an effective treatment of low back pain. The Washington State Guidelines provide specific criteria for weight reduction programs. The patient must meet all of the following criteria: is severely obese (BMI 35 or greater), and obesity is the primary condition retarding recovery from the accepted condition, and weight reduction is necessary to undergo required surgery, participate in physical rehabilitation, or return to work. A specific treatment plan is required including weight loss goals, duration, a diet and exercise plan, specific program or other weight loss method, and program components. Guideline criteria have not been met. This request has been placed at the request of the patient. Her body mass index is currently documented as 40.7, and has ranged from 38.1 to 42.9 since 1/24/14. There is no documentation that obesity is the primary condition slowing recovery or that weight reduction is currently necessary to undergo a required surgery or participate in physical rehabilitation. Records indicated that aquatic therapy had been approved for 12 visits on 8/6/14. There was no evidence provided that this patient has tried and failed a reduced calorie diet along with an exercise program to promote weight loss. This requests lacks guideline required parameters to establish medical necessity. Therefore, this request is not medically necessary.

SCS trial: Upheld

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 Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend the use of spinal cord stimulators (SCS) only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions including complex regional pain syndrome. A psychological evaluation is recommended prior to placement of the spinal cord stimulator. A trial is recommended prior to permanent implantation. Psychological evaluation is recommended prior to SCS trial. Guideline criteria have not been met. There is evidence that the patient has failed comprehensive conservative pain modalities less invasive that spinal cord stimulation. Spinal cord stimulator trial would be reasonable upon psychological clearance. A psychological evaluation was approved on 10/6/14 but there is no evidence that clearance has been granted. Therefore, this request is not medically necessary at this time.