

<b>Case Number:</b>	CM14-0184740		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family 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:

This is a 34-year-old female patient who reported an industrial injury to the back on 4/11/2012; over 2 years ago, attribute to the performance of her usual and customary job tasks. The patient was documented to complain of continued low back pain. The objective findings on examination included moderate tenderness to palpation over the paraspinal muscles and decreased sensation in the right L5 distribution; lumbar spine range of motion was diminished; negative SLR bilaterally sensation intact; and motor strength 5/5. The MRI of the lumbar spine documented that the right lateral recess was decompressed from the prior surgical intervention. The patient reported that her leg pain was much improved after surgery with no numbness. The patient alleged having gained 50 pounds since surgery due to inactivity and overheating. The treatment plan included 12 sessions of work conditioning for low back pain and a weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Condition for Low Back pain, quantity 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, Work Hardening.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203-204; 299-300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114, Official Disability Guidelines (ODG) Lower Back Section-Physical Therapy; Work Conditioning/Work Hardening

**Decision rationale:** There is no demonstrated medical necessity for the requested 12 additional sessions of lumbar spine rehabilitation program or work hardening/conditioning for the effects of the industrial injury. The patient has received ongoing physical therapy as recommended for the postoperative rehabilitation of the lumbar spine. The current evaluation of the patient indicates that he is feeling better and can be integrated into a self-directed home exercise program for conditioning and strengthening. There is no demonstrated medical necessity for a work conditioning program and no diagnosis to support medical necessity over the recommended HEP. The patient should be exercising for strengthening and conditioning. The patient should be in a self-directed home exercise program for further conditioning and strengthening. The patient does not meet the evidence-based guidelines criteria for work conditioning. The treating provider did not provide subjective/objective evidence to support the medical necessity of the continuation of physical therapy in the form of work-hardening for the treatment of the patient's lumbar spine post-operative pain issues over the number recommended by evidence-based guidelines or as opposed to the recommended self-directed home exercise program. The patient is noted to have received a significant number of sessions of PT with some significant post-operative improvement; however, additional PT is being requested for continued conditioning and strengthening over HEP. The patient clearly should be exercising in a self-directed home exercise program and recommended by the CA MTUS. The requested exceeds the total number of sessions of PT recommended by the CA MTUS for the rehabilitation of the back. The requesting provider documented no significant new back pain or objective findings to support the medical necessity of work hardening over the recommended home exercise program. The patient was noted to have almost full range of motion and normal strength. There was no rationale supported with objective evidence provided by the requesting physician. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional 12 sessions of physical therapy in the form of work hardening or conditioning in addition to the California MTUS recommended number of sessions of physical therapy for postoperative rehabilitation. The request is considered not medically necessary.

**Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter-Physical Therapy; exercises Other Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine

**Decision rationale:** The weight loss program requested by the treating physician is not demonstrated to be medically necessary or supported with objective evidence of failure of a self-

directed diet. The patient should be in a self-directed weight loss and exercise program. The patient has not been documented to have failed diet and exercise directed to the underlying medical issue of morbid obesity. The treating physician has not documented the BMI; height; or weight of the patient at the present time. There is no provided rationale with a nexus to the cited mechanism of injury for the weight issue other than a reported postoperative weight increased due to inactivity and overeating. There is no evidence the patient has attempted an appropriate diet. There was no discussion of any attempted diet on the part of the patient. There is no documented exercise program. There was no discussion of the methods of weight loss attempted or the rationale for the failure to follow a diet. There is no provided objective evidence that the patient cannot lose the weight with an appropriate diet and ongoing self-directed home exercise program. There is no demonstrated medical necessity for the requested weight loss program on an industrial basis for the treatment of chronic low back pain postoperatively. The patient should be educated on diet and placed on a strict diet to reduce weight at her own discretion. There is no demonstrated efficacy for the requested [REDACTED] weight loss program to treat the diagnosed morbid obesity and chronic back pain. The weight issues of the patient are not demonstrated to be the effect of the industrial injury; but are an underlying medical comorbidity with the medical diagnosis of Obesity. Psychologists agree that weight loss first of all requires self-motivation and externalizing the process to a facility, a special diet, a weight loss practitioner, etc. simply serves to project the expectations for success to others and provides a rationalization for failure. The New England Journal of Medicine recently studied a wide variety of weight loss programs nationwide and came to the conclusion that none of them provided a very good long-term track record, but that the one which they rated the best was the [REDACTED], which although it does provide an external support mechanism, it also assures that participants understand it is their own responsibility to maintain changes in their eating behaviors and the motivation that keeps them going on with not the program. It also does not require any special dietary foods or supplements but simply applies point values to various foods one normally eats as a simplified manner of counting and controlling calories, which is the way any weight control program ultimately works. The patient should be monitoring her own diet with a restriction on caloric intake and participating in a self-directed home exercise program. The requested weight loss program is not demonstrated to be medically necessary as opposed to a self-directed home exercise program along with a self-directed diet. There is no provided objective medically based evidence provided to demonstrate the medical necessity of a supervised weight loss program such as [REDACTED] as opposed to self-directed exercise and diet. The CA MTUS; ACOEM Guidelines; and the Official Disability Guidelines do not specifically address the use of weight loss for the treatment of the degenerative disc disease, facet arthropathy and chronic lower back pain and state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The use of gym memberships or advanced exercise equipment without supervision by a health professional is not recommended. The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going

exercise regime. The claimant will continue to benefit from an exercise program for his continued conditioning; however, there is no provided objective evidence that this is accomplished with the use of the requested weight loss program. Patients are counseled to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Once the instructions or exercises are learned, the patient may exercise on their own with a self-directed home exercise program. Self-directed home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Weight loss would be accomplished with the appropriate exercise and a limited caloric diet intake. There is no demonstrated medical necessity for the requested weight loss program for the treatment of chronic low back pain for this patient. The request is considered not medically necessary.