

Case Number:	CM14-0215483		
Date Assigned:	01/02/2015	Date of Injury:	04/16/2004
Decision Date:	02/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 patient with a date of injury of 4/16/04. A utilization review determination dated 12/16/14 recommends non-certification/modification of [REDACTED], PT, and follow-up. It referenced a 10/30/14 medical report (not provided for review) from the requesting provider noting neck and low back pain 6-8/10. The patient was seen by the spine surgeon on 11/17/14 and that provider noted complaints of left shoulder pain with paresthesias down the LUE s/p C7-T1 posterior fusion 7/26/13. On exam, there were positive Hawkins', Neer's, and Speed's tests with decreased grip strength at C4-5 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month [REDACTED] program with food: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/15630109>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>)

Decision rationale: Regarding the request for a weight loss program, the CA MTUS and the ODG do not address the issue. A search of the National Library of identified an article entitled "Systematic review: an evaluation of major commercial weight loss programs in the United States." This article noted that, with the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities prior to consideration for a formal weight loss program. In light of the above issues, the currently requested weight loss program is not medically necessary.

8 visits of physical therapy for the mid/low lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.

Follow up in 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter, Office Visits

Decision rationale: Regarding the request for follow-up in 2 weeks, the California MTUS does not specifically address the issue. The ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based

on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring". The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is currently being seen by other providers besides the requesting provider. The only documented treatment currently recommended by the requesting provider is not medically necessary. Furthermore, there is no rationale provided for a follow-up visit at a 2-week interval in the absence of any red flags, a significant exacerbation of the patient's condition, etc., and unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested follow-up in 2 weeks is not medically necessary.