

<b>Case Number:</b>	CM15-0116273		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/26/2004
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 40-year-old who has filed a claim for neck and low back reportedly associated with an industrial injury of May 26, 2004. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve requests for weight loss program with Lindora and a TENS unit. The claims administrator referenced an April 29, 2015 progress note and associated May 26, 2015 RFA form in its determination. Non-MTUS Aetna were invoked to deny the weight loss program. The applicant personally appealed. In a letter dated June 15, 2015, the applicant posited that she had gained weight as a result of her injury. The applicant stated that she was not able to workout with the same vigor and intensity as prior to the injury. The applicant also stated that she did not believe that the claims administrator had given appropriate weight to recommendations of an Agreed Medical Evaluator. The applicant contended that an Agreed Medical Evaluator (AME) had endorsed the TENS unit replacement. On January 22, 2015, the applicant reported ongoing complaints of neck and low back pain with associated upper extremity paresthesias. 6 to 7/10 pain complaints were reported. The applicant had previously used a TENS unit, it was acknowledged. The applicant was reportedly using unspecified topical medications, Flexeril, Motrin, and Naprosyn, it was reported. Acupuncture, self directed weight loss, home exercises and a TENS unit were endorsed. The applicant stands 5 feet 4 inches tall and weighed 233 pounds, it was reported. The applicant did apparently exhibit intact heel and toe ambulation, it was reported. A replacement TENS unit was sought on the grounds that the applicant's original TENS device was not functional. The applicant's work status was not seemingly outlined on this date. On March 18, 2015, the applicant reported ongoing complaints of neck, low back, upper extremity, and lower extremity pain. The applicant was currently working, it was reported. The applicant did report issues with weight gain stated in the review of

systems section of the note. The applicant stands 5 feet 4 inches tall, weighed 235 pounds, it was stated. Neurontin, physical therapy, and permanent work restrictions were endorsed. The applicant did report issues with claudication in the review of the systems section of the note, it was stated. In a progress note dated March 19, 2015, the applicant's pain management physician sought authorization for weight loss program on the grounds that the applicant was unable to lose weight of her own accord. The duration of the program was not furnished. A replacement TENS unit was again sought. The applicant was using Flexeril, Naprosyn, Motrin, and Neurontin, it was reported on this occasion. Once again, the applicant's work status was not detailed. The attending provider stated that the previously employed TENS unit, before it had broken, was able to reduce the applicant's pain complaints and control her spasms. On April 22, 2015, the applicant's treating provider posited that the applicant was currently working with permanent limitations in place, despite ongoing complaints of low back and neck pain.

### **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 base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin #0039, Weight Reduction Medications and Programs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 1 Prevention Page(s): 11; 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatmentObesity> Treatment & Management.

**Decision rationale:** No, the proposed weight loss program was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 1, page 11, strategy based on modification of applicant-specific risk factors such as weight loss may be less certain, more difficult, and possible less cost effective. While a non-MTUS Medical Treatment Guidelines (MTG) in the form of Medscape's obesity treatment and management article does acknowledge that scientific evidence indicates that multidisciplinary weight-loss programs reliably produced and sustained modest weight loss between 5 and 10%, this recommendation is, however, qualified by commentary made on page 8 of MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, thus, the request for an open-ended weight loss program unspecified treatment duration, thus, runs counter to the philosophy espoused on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, as it did not contain a proviso to reevaluate the applicant at some point during the course of the weight loss program so as to ensure a favorable response to the same. The MTUS Guidelines in ACOEM Chapter 3, page 48 also stipulates that prescriptions for physical methods should clearly state treatment goals. Here, by analogy, the request for an open-ended weight loss of unspecified duration did not clearly state clearly treatment goals. Therefore, the request was not medically necessary.

**TENS unit replacement:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Conversely, the request for a TENS unit replacement was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines provision of a TENS unit on a purchase basis should be predicated on evidence of favorable outcome during earlier one-month trial of the same, with evidence of beneficial effects in terms of both pain relief and function. Here, multiple progress notes, referenced above, suggested that the applicant had derived appropriate analgesia through usage of the TENS unit. Usage of TENS unit had seemingly obviated the need for opioid therapy, it was noted on multiple progress notes, including on April 22, 2015 and on March 19, 2015. The applicant had, moreover, demonstrated a favorable response to previous usage of the TENS unit in terms of functional improvement parameters established in MTUS 9792.20e as evinced by her successful return to and maintenance of full-time work status, as suggested on multiple progress notes, referenced above. Provision of a replacement TENS device was, thus, indicated here. Therefore, the request was medically necessary.