

Case Number:	CM15-0121950		
Date Assigned:	07/06/2015	Date of Injury:	02/16/2013
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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 chronic neck, ankle, low back, shoulder, and knee pain reportedly associated with an industrial injury of February 16, 2013. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve requests for weight loss program and a pain management referral. The claims administrator referenced an RFA form received on May 14, 2015 and an associated progress note of April 20, 2015 in its determination. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported ongoing complaints of low back and shoulder pain. The applicant was on Norco, Elavil, Motrin, and Dendracin. The applicant's work status was not clearly stated. The applicant's height, weight, and BMI were not reported at this point. On April 3, 2015, the applicant reported ongoing complaints of low back pain. Once again, the applicant's work status, height, weight, and BMI were not reported. The applicant was asked to continue Norco, Xanax, Elavil, and Dendracin. The applicant was described as unchanged at this point. On April 6, 2015, an epidural steroid injection was sought. On April 17, 2015, the applicant was placed off of work, on total disability, while epidural steroid injection therapy, Norco, and Motrin were endorsed. 7/10 pain complaints were reported. On April 6, 2015, the applicant was described as standing 6 feet 9 inches tall and weighing 226 pounds. The applicant was placed off of work, on total disability, owing to his chronic pain complaints. Ancillary issues of gastroesophageal reflux disease were reported. On May 29, 2015, the applicant reported ongoing complaints of low back pain radiating to right lower extremity, reportedly severe. Norco, Soma, Motrin, Elavil, and acupuncture were continued. The epidural steroid injection

had apparently been performed, without relief. The applicant's height, weight, and BMI were not reported at this point. Voltaren gel, clarithromycin, Amoxil, a pain management referral, and a weight loss program were endorsed via an RFA form dated April 30, 2015. On an associated progress note of April 20, 2015, the attending provider endorsed triple therapy for an alleged H. pylori infection. Voltaren gel, weight loss program, and a pain specialist referral were also endorsed. The applicant's BMI was 33; it was reported, based on a height of 6 feet 9 inches and weight of 224 pounds.

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 URL [www.aetna.com/cpb/medical/data/1_99/0039.html].

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 11; 48.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific factors such as the weight loss program in question may be more difficult, less certain, and possibly less cost effective. Here, the attending provider failed to furnish much in the way of a supporting rationale for the weight loss program in question. The attending provider wrote on his April 20, 2015 progress note that he intended for the applicant to attempt to lose weight of his own accord. Somewhat incongruously, a formal weight loss program was sought via an associated RFA form dated April 30, 2015. It was not clearly stated why the applicant could not first attempt to try and lose weight of his own accord before the formal weight loss program was proposed. The MTUS Guideline in ACOEM Chapter 3, page 48 further states that an attending provider should furnish prescriptions for physical methods which "clearly states treatment goals." The attending provider did not clearly state treatment goals insofar as the weight loss program in question was concerned. Again, the attending provider's documentation was internally inconsistent and did not clearly state whether he intended for the applicant to receive a formal weight loss program or intended for the applicant to attempt to lose weight of his own accord. The duration of treatment via the program at issue was not clearly stated. Therefore, the request is not medically necessary.

Referral to Pain Management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines: Low Back & Evaluation & Management (E&M).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, on total temporary disability. Opioid therapy, epidural steroid injection therapy, and topical agents had been attempted and failed, the treating provider reported on April 20, 2015. Moving forward with a pain management referral was, thus, indicated, on several levels, including, potentially, for medication management purposes and/or for disability management purposes. Therefore, the request is medically necessary.