

Case Number:	CM15-0142121		
Date Assigned:	07/31/2015	Date of Injury:	12/03/2001
Decision Date:	10/07/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/22/2015

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: California
 Certification(s)/Specialty: Emergency 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:

This is a 45-year-old female who sustained an industrial injury on 12-03-2001. Diagnoses include degeneration of thoracic or lumbar intervertebral disc; cervical radiculopathy; and degeneration of cervical intervertebral disc. Treatment to date has included medications, spinal cord stimulator (SCS), intrathecal (IT) pain pump and home exercise program. According to the progress notes dated 6-30-2015, the IW (injured worker) reported her neck pain worsened, but the pain pump and the SCS control the pain. She stated her bilateral shoulder and bilateral upper extremity pain is the same. She reported her pain was 2 out of 10. She also reported she had been in the hospital recently for severe constipation; the CT of the abdomen done at that time did not explain her complaints and she was discharged without any referral. She self-treated with Amitiza samples, over-the-counter (OTC) remedies and Linzess. The provider noted the IW's extreme constipation has not responded to OTC remedies. The IW reported her pain level is 10 out of 10 without her medications and 1 out of 10 with them. On examination, she was 68 inches tall and weighed 177 pounds; her BMI was 27.01. Deep tendon reflexes were decreased but equal in all extremities. The cervical paraspinal muscles were tender to palpation at C4-C5. Range of motion (in degrees) was: forward flexion, 40; right and left lateral flexion, 35; hyperextension, 50; and right and left lateral rotation, 55. Strength was decreased in the bilateral upper extremities. Sensation was decreased to pinprick in the right C5 and bilateral C6 and C7 dermatomes and to light touch in all dermatomes of the bilateral upper extremities. Clonus was absent and pulses were normal in all extremities. The provider noted the IW was off of all oral pain medications, but still had severe constipation. A request was made for re-consultation with

██████████ to address weight and absorption issues (previously authorized by the industrial carrier); internal medicine office visit due to chronic severe opioid-induced constipation; 6 month gym membership to re-incorporate structured, self-guided rehab program; acupuncture two times a week for six weeks as requested on 6-2-2013 Pump Clinic Visit; and psychiatric management for monitoring the IW's Adderall prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-consultation with ██████████: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101. Decision based on Non-MTUS Citation the Annals of Internal Medicine, Volume 142, pages 1-42, January 2005.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: The request is for participation in a weight loss program. The MTUS guidelines state the following regarding this topic: Strategies based on modification of individual risk factors (e.g., improving worker fitness, smoking cessation, weight loss) may be less certain, more difficult, and possibly less cost effective. In particular, abdominal muscular strengthening to prevent low back pain is not supported by the existing evidence, whereas good aerobic condition is associated with a lower injury rate. Improving flexibility and strengthening of specific areas, such as the shoulder girdle, are recommended elsewhere (see Chapter 9, for example). An emphasis on aerobic conditioning may be appropriate to prevent musculoskeletal disorders. Aerobic fitness has other benefits as well, including improved productivity and job satisfaction. In this case, a weight loss program is not indicated. While modification of individual risk factors including weight loss is supported, there is no mention of specific weight loss programs as being more effective than self-directed activity. Also, the patient has already undergone a consultation with ██████████ in the past without success. As such, the request is not medically necessary.

Internal medicine office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) (updated 06/15/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Office visits.

Decision rationale: The request is for a Internal medicine consultation. The MTUS guidelines are silent regarding this issue. The ODG state the following: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured

worker, and they should be encouraged. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a "flag" to payors for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of "virtual visits" compared with inpatient visits; however, the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy. See also Telehealth. In this case, the request is certified. This is secondary to a medical need for health and medication monitoring. As such, the request is medically necessary.

6 month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Forearm, Wrist, & Hand (Acute & chronic) (updated 06/29/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Gym memberships.

Decision rationale: The request is for a gym membership. The MTUS guidelines are silent regarding this issue. The ODG state the following: Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and

there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise. In this case, the request is not indicated. This is secondary to inadequate documentation of periodic assessment as well as a need for equipment. As such, the request is not medically necessary.

Acupuncture 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The request is for a gym membership. The MTUS guidelines are silent regarding this issue. The ODG state the following: Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise. In this case, the request is not indicated. This is secondary to inadequate documentation of a home exercise program with periodic assessment as well as a need for equipment. As such, the request is not medically necessary.

Psychiatric management: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-392.

Decision rationale: The request is for a psychiatry referral. The ACOEM guidelines state the following: The initial assessment is a critical tool for detecting potential emotional problems that require the attention of a psychiatrist or other mental health professional to assure safe and optimal treatment. The initial screening should be focused more on recognizing indications for urgent mental health referral (red flags) than on specific psychiatric diagnosis (see Table 15-2). Red-flag indicators include impairment of mental functions, overwhelming symptoms, or signs

of substance abuse. The practitioner performing the assessment is advised to keep a high index of suspicion for depression, which is a prevalent and under-diagnosed condition. Absence of red-flag indicators rules out the need for urgent referral or inpatient care. In this case, there is sufficient documentation which would qualify for a psychiatric evaluation. As stated above, this is advised when red flags are seen. As such, the request is medically necessary.