

<b>Case Number:</b>	CM15-0043860		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/21/1992
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 injured worker is a 57 year old female, who sustained an industrial injury on 01/21/1992. She has reported subsequent back pain and was diagnosed with degeneration of lumbar or lumbosacral intervertebral disc and unspecified idiopathic peripheral neuropathy. Treatment to date has included oral pain medication and injectable pain medication and physical therapy. In a progress note dated 01/09/2015, the injured worker complained of back pain. The injured worker indicated that she would like to proceed with surgery; however, would like to lose weight first. The injured worker would like to try [REDACTED]; however, she could not afford the increased cost of food. The current medication regimen includes Celebrex, Cymbalta, Nexium, oxycodone, OxyContin, and Skelaxin. There was no comprehensive physical examination provided on the requesting date. Treatment recommendations at that time included multiple durable medical equipment as well as a [REDACTED] weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mental health continue once a week counseling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** California MTUS Guidelines recommend cognitive behavioral therapy. Guidelines recommend a trial of 3 to 4 psychotherapy visits over 2 weeks. The current request does not include a specific duration of treatment. The medical necessity has not been established, as there was no evidence of a comprehensive psychological examination. Given the above, the request is not medically necessary.

**DME mechanical bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. There was no documentation of a comprehensive physical examination on the requesting date. It is unclear how the requested item will specifically address the injured worker's current condition or improve function. There was no evidence of a significant functional deficits. As the medical necessity has not been established, the request is not medically necessary.

**DME Trapeze for bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. There was no documentation of a comprehensive physical examination on the requesting date. It is unclear how the requested item will specifically address the injured worker's current condition or improve function. There was no evidence of a significant functional deficits. As the medical necessity has not been established, the request is not medically necessary.

**DME: Shower head installation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. There was no documentation of a comprehensive physical examination on the requesting date. It is unclear how the requested item will specifically address the injured worker's current condition or improve function. There was no evidence of a significant functional deficits. As the medical necessity has not been established, the request is not medically necessary.

**DME: Portable equipment to clean self after using the bathroom:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. There was no documentation of a comprehensive physical examination on the requesting date. It is unclear how the requested item will specifically address the injured worker's current condition or improve function. There was no evidence of a significant functional deficits. As the medical necessity has not been established, the request is not medically necessary.

**Home assistance 5-6 hours two times per week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**Decision rationale:** California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. The specific type of services required were not listed in the request. The total treatment duration was not mentioned. There was also no documentation of a comprehensive physical examination. There was no evidence of a significant functional deficits. Given the above, the request is not medically necessary.

■■■■■ weight loss program: Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** California MTUS Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self-management is the long-term goal of all forms of functional restoration. The principles of functional restoration apply to all conditions in general, and are not limited to injuries or pain. As per the clinical documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. The medical necessity for the requested service has not been established. Therefore, the request is not medically necessary.