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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/30/2013  
Date of Injury: 9/21/2006  
IMR Application Received: 8/20/2013  
MAXIMUS Case Number: CM13-0014158

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in California, Texas, and New York. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who reported an injury on 09/21/2006. The patient is noted to have had significant conservative treatment and to have undergone cervical fusion and multiple lumbar surgeries. The patient is noted to continue to complain of ongoing cervical spine pain and low back pain. She is reported to have been attending weekly individual psychotherapy for an unknown period of time prior to 11/2012 and to continue through to present. She is noted to have been treated with frequent radiofrequency thermocoagulation. The patient is reported to have been diagnosed with cephalgia, right wrist sprain/strain, right thumb sprain/strain, stress, anxiety, and depression, weight gain, gastritis, and to be status post a C5-6 anterior discectomy and fusion on 03/25/2010. Additionally the patient has also been diagnosed with an anterior lumbar interbody fusion and posterior lumbar interbody fusion at L4-5 on 07/13/2010, a right hemilaminectomy, facetectomy, and posterior lumbar instrumentation with addition of cross-link at L4-5 on 09/14/2010. A clinical note dated 03/08/2013 reported the patient complained of constant pain at her neck with reduced range of motion maneuvers and painful movements, constant pain in her right wrist and fingers with reduced range of motion, and constant pain in her low back which radiated to her bilateral lower extremities. On physical exam, she is noted to have decreased tenderness to palpation over the base of the skull, trapezius, and levator scapula with spasms, flexion decreased, restricted range of motion in flexion and extension. She is noted to ambulate with a quad cane. The patient was reported to have been treating with Lindora at that time and her Lindora was placed on hold until after her radiofrequency ablation of the lumbar spine. The patient underwent an evaluation by an internal medicine specialist for her complaints of pain in the left lower quadrant of her abdomen. Over the past 2 years, she was reported to complain of bloating and cramping and alteration of constipation and diarrhea with more diarrhea. She is noted at that time to report no reflex. The patient reported her abdominal pain in the left lower quadrant was worse with movements. The patient is reported to have a history of hyperlipidemia, IBS, and asthma. The physician opined that the patient's abdominal pain was likely stemming from her lower back region and felt that

based on the examination, there was really nothing that he could offer for the patient as far as her pain was concerned.

### **IMR DECISION(S) AND RATIONALE(S)**

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

#### **1. 10 weeks of Lindora weight loss program between 7/17/2013 and 9/28/2013 is not medically necessary and appropriate**

The Claims Administrator based its decision on the American College of Physicians, which is not part of the MTUS

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the U.S. Preventive Services Task Force. Screening for and management of obesity in adults: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012 Sep, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS/ ACOEM, and Official Disability Guidelines do not address weight loss programs. Guideline recommendations from U.S. Preventive Services Task Force found on National Guideline Clearinghouse states that the most effective interventions were comprehensive and were of high intensity for 12 to 26 sessions in a year and noted although the USPSTF could not determine the effectiveness of other specific intervention components, most higher intensity behavioral interventions included multiple behavioral management activities such as group sessions, individual sessions, setting weight loss goals, improving diet or nutrition, physical activity sessions, addressing barriers to change, active use of self- monitoring and strategizing how to maintain lifestyle changes had good outcomes. The medical records provided for review reflects that the employee is noted to have attended a weight loss program at Lindora between 10/2012 and 03/2013 and between 05/07/2013 and 07/17/2013, for more than 50 sessions. With more than 50 sessions attended so far, the employee should have been well versed in improving their diet and nutrition, addressing barriers to change, and maintaining life style changes. **The request for additional 10 weeks of Lindora weight loss program between 07/17/2013 and 09/28/2013 is not medically necessary and appropriate.**

#### **2. 1 right wrist night brace between 7/17/2013 and 9/28/2013 is not medically necessary and appropriate is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11) pg. 265, which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 11, pgs. 265-266, 271-273, which is part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend splinting as the first line conservative treatment for CTS, De Quervain's, and strains; however, given that the employee's initial injury was in 2006, a right wrist sprain/strain should have

resolved. The employee is noted to have previous cervical surgery and complaints of ongoing cervical pain with radiation of pain to their shoulders and upper extremities. The need for a right wrist night brace is not established as there is no indication that cervical radiculopathy had been ruled out. In addition, although the employee is reported to have numbness and tingling in their fingers on physical exam, physical exam findings were not consistent with carpal tunnel syndrome. **The request for a right wrist brace between 07/17/2013 and 09/28/2013 is not medically necessary and appropriate.**

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[REDACTED]

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