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| Case Number: | CM13-0026064 | | |
| Date Assigned: | 03/14/2014 | Date of Injury: | 12/09/2011 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old male with date of injury of 12/09/2011. The listed diagnoses per [REDACTED] dated 10/21/2013 are: 1. Pseudomeningocele at L4-5 status post lumbar laminectomy 2. Lumbar residual stenosis and facet arthropathy with instability at L4-5 According to progress report dated 10/21/2013 by [REDACTED], the patient presents with back pain radiating into his legs and feet. Physical examination shows his posture is hunched forward. He has positive straight leg at 70 degrees bilaterally. He tends to have tightness to his head and neck with a forward chin Brudzinski's test. Treating physician is requesting a dietary consultation for caloric restriction.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIETARY CONSULTATION FOR CALORIC RESTRICTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine 2nd Edition (2004) chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: This patient presents with back pain radiating into his legs and feet. Treating physician is requesting a dietary consultation for caloric restriction. Utilization review dated 08/26/2013 denied the request stating that there is no documentation describing the patient's medical co-morbidities that would suggest the need for medically supervised weight loss program. Review of the reports do not, unfortunately, include the treating physician's request and the rationale. No documentation of the patient's body mass index and weight/height are provided. The utilization review letter has this information and the patient's height is 5'11" with weight 285lbs. California Medical Treatment Utilization Schedule (MTUS) does not discuss referral issues. American College of Occupational and Environmental Medicine 2nd Edition (2004) (ACOEM) Guidelines page 127 states the health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present or when pain or course of care may benefit from additional expertise. Based on height/weight, the patient is quite obese and the patient may benefit from dietary counseling. Proper diet and weight control are important issues for chronic pain and although there is no direct discussion regarding this issue, the request appear medical reasonable. Recommendation is for authorization.