

Case Number:	CM13-0053642		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2012
Decision Date:	10/31/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 injured worker is a 44-year-old female who reported an injury on 03/29/2012. The injury reportedly occurred when the injured worker was assisting a blind and confused patient back into bed, the patient began to wave his hand and poked her in the right eye, and she stepped away from the patient and bumped into a wheelchair, causing her to fall onto the floor. The injured worker's diagnoses included lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, cervical radiculitis, shoulder sprain, ulnar neuropathy, and cubital tunnel syndrome. The injured worker's past treatments included physical therapy, aqua therapy, acupuncture, shock wave therapy, trigger point injections, rest, and medications. The injured worker's diagnostic testing included an MRI of the lumbar spine performed on 10/23/2012, which was noted to reveal multilevel disc protrusions at L3-4, L4-5, and L5-S1 with facet hypertrophy and mild neural encroachment. An undated MRI of the right shoulder was noted to reveal impingement with mild tendinopathy consistent with partial tearing of the rotator tendon. The injured worker's surgical history included a right shoulder arthroscopy with subacromial decompression. On 10/22/2013, the injured worker complained of right shoulder pain that she rated a 10/10 on a pain scale. She complained of low back and mid back pain. She rated the pain at a 10/10 on a pain scale. She reported that nothing makes the pain better. Upon physical examination, the injured worker was noted with mild tenderness and spasm in her neck and mid low back. She was noted with some slight restriction and motion in her cervical spine. The injured worker was not noted to be on any medications at the time of examination. The request was for weight loss program trial. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 11/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5- Treatment of Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Lifestyle (Diet & Exercise) Modifications.

Decision rationale: The request for weight loss program trial is not medically necessary. According to the Official Disability Guidelines, lifestyle modifications, to include diet and exercise, are recommended as first line interventions, specified that that the reduction of obesity and an active lifestyle can have major benefits for injured workers. The clinical information submitted for review failed to include a rationale for the requested weight loss program. The documentation did indicate that the injured worker weighed 270 lbs. There was no documentation with evidence that she had tried and failed individual diet and exercise for weight loss, or that she had been evaluated by a nutritionist and counseled on weight loss. In the absence of documentation showing that she had failed to lose weight with lifestyle modifications, including diet and exercise, the request for a weight loss program trial is not supported. As such, the request is not medically necessary.