

Case Number:	CM14-0005584		
Date Assigned:	01/24/2014	Date of Injury:	12/12/2012
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 51 year old female whose date of injury is 12/12/12. She developed low back pain secondary to sitting and twisting in her chair at work. Treatment to date includes a course of physical therapy, chiropractic, ergonomic evaluation, and medication management. A follow up note dated 8/7/13 states that the impression is lumbar strain radiculopathy. A lumbar MRI dated 8/29/13 revealed no findings to suggest an acute or subacute osseous abnormality, and spondylitic/degenerative changes predominate at the lower two disc levels. Neurosurgical evaluation dated 10/11/13 indicates that her medication regimen includes Tramadol. There are no indications for surgery or injections, and the injured worker was recommended to continue full duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIET PROGRAM FOR WEIGHT LOSS #1: 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 Aetna clinical policy bulletin, Weight Reduction Medications and Programs.

Decision rationale: The submitted records fail to quantify the injured worker's current BMI as there is no current, detailed physical examination submitted for review. There is no documentation that diet and independent exercise have been tried and failed. There are no measurable goals and objectives submitted for review. As such, the request is not medically necessary.