

Case Number:	CM14-0008005		
Date Assigned:	02/12/2014	Date of Injury:	06/17/2011
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Occupational Medicine, 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 50-year-old female who has submitted a claim for Cervicotrachezius Sprain/Strain with Left Upper Extremity Radiculopathy with Multilevel Disc Bulges and Stenosis, Left Elbow/Forearm Sprain/Strain, and Left Wrist Carpal Tunnel Syndrome, associated with an industrial injury date of June 17, 2011. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck pain and stiffness, associated with numbness and tingling sensation of bilateral upper extremities. On physical examination, BMI was noted to be 42. Examination of the cervical spine revealed tenderness over the bilateral paravertebral and upper trapezius muscles. Axial compression test was positive. There was decreased sensation over the left upper extremity. MRA/MRV of the brachial plexus, dated October 22, 2013, revealed abundant fat filling the thoracic outlet with compression of the internal jugular veins, costoclavicular compression of the subclavian veins and subclavian arteries, and possible distention of the epidural veins on the right side. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, cortisone injections, trigger point injections, and left shoulder surgery. Utilization review from January 16, 2014 denied the request for 1 surgical consult with a vascular surgeon because there were no indications of positive orthopedic testing that would suggest thoracic outlet syndrome; and 10-week weight loss program with [REDACTED] because there were no guidelines for a [REDACTED] weight loss programs and there were other methods of managing obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CONSULT WITH VASCULAR SURGEON: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, a referral to a vascular surgeon was recommended because of the patient's persistent pain in her left leg and positive MRA/MRV imaging studies suggestive of bilateral thoracic outlet syndrome. Since MRA/MRV imaging findings revealed vascular compromise, a consultation with a vascular surgeon may benefit the plan or course of the patient's treatment. Therefore, the request for Surgical Consult with Vascular Surgeon is medically necessary.

10 WEEK WEIGHT LOSS PROGRAM: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. *Ann Intern Med* 2005 Apr 5, 142(7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation tsai, AG and Wadden, TA. January 2005. "Evaluation of the Major Commercial Weight Loss Programs." *Annals of Internal Medicine*, Volume 142, pages 1-42; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: CA MTUS does not specifically address weight loss programs. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the *Annals of Internal Medicine* and Aetna Clinical Policy Bulletin was used instead. Guidelines state that physician-supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20% or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m²; or a BMI greater than or equal to 27 and less than 30 kg/m² with one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension, obesity-hypoventilation syndrome, obstructive sleep apnea or dyslipidemia. In this case, a weight loss program was recommended as an integral part of a successful multidisciplinary medical-orthopedic treatment in order to address the patient's chronic symptoms. The medical records revealed that the patient's BMI was 42 with failure to maintain ideal body weight; thus, participation in a weight loss program is reasonable. Therefore, the request for 10 week weight loss program is medically necessary.

