

<b>Case Number:</b>	CM14-0012375		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/02/2001
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Neurological Surgery 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 records presented for review indicate that this 56-year-old individual was injured in January, 2001. No specific mechanism of injury is presented and the injured employee is noted to be morbidly obese (> 300 pounds). The injured employee declined bariatric surgery and failed a [REDACTED] protocol. Chiropractic care had been delivered in January of this year, and that physical examination noted a decrease in lumbar spine range of motion. The injured worker continues to take analgesic medications and continues to complain of low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **PROGRAM:** 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 OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: CLINICAL JUDGMENT

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address this program. While noting that the injured worker is significantly obese, a trial of

a supervised weight control program has already failed. There is nothing to think or items presented to suggest any other commercial weight-loss protocol would have any more success. While it is indicated as a dietary modification, increased physical activity associated with a home exercise protocol emphasizing overall fitness and conditioning is necessary. This is not clinically indicated to address the diagnosis offered. The request for [REDACTED] Program is not medically necessary and appropriate.

**ADDITIONAL 6 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT,

**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) ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127

**Decision rationale:** A number of cognitive behavioral therapy sessions have been completed. There are ongoing complaints of back pain and knee pain. It is noted that the injured employee's "motivation is improving." The assessment of the psychologist was that the somatic complaints remain the same, the pain complaints remain the same, and the work functions remain the same. As such, it is clear no significant improvement has been noted with the number of sessions already completed, and there is no clinical indication presented to repeat the same intervention. Based on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, this request is not medically necessary.