MAXIMUS Federal Services

Case Number:	CM14-0179689		
Date Assigned:	11/04/2014	Date of Injury:	10/26/2010
Decision Date:	12/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/29/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of October 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated October 3, 2014, the claims administrator denied a request for [redacted] weight loss program, stating that the effectiveness of weight loss programs was extremely limited. The claims administrator also stated that the attending provider has failed to document the applicant's height, weight, and/or BMI. The claims administrator did not state what guidelines it was basing its decision on, however. The applicant's attorney subsequently appealed. In a progress note dated August 6, 2014, the applicant was asked to remain off of work owing to ongoing complaints of neck pain, low back pain, and knee pain. The applicant was still using a walker to move about. The applicant was attending water therapy and using four to five Norco tablets daily. The applicant was also asked to continue Ambien for insomnia. Menthoderm cream was endorsed. It was stated that the applicant should continue aquatic therapy and/or consider knee surgery in future. The applicant's height, weight, and BMI were not provided. In a September 10, 2014 progress note, the applicant was described as having ongoing complaints of knee pain with associated buckling episodes and weakness. The applicant was taking up to six tablets of Norco daily. Lower extremity weakness was appreciated on exam. The applicant was asked to try and lose weight through a [redacted] program. The applicant's height, weight, and BMI were not provided. The applicant was encouraged to diminish the frequency of Norco usage.In a March 28, 2013 progress note, the applicant was asked to continue Norco, naproxen, Prilosec, Medrox, and TENS unit electrodes. The applicant was asked to start a [redacted] program on this

occasion. Once again, the applicant's height, weight, and BMI were not furnished. On April 25, 2013, the applicant was described as having started a [redacted] program at that time and having lost 9.5 pounds. The applicant was given refills of Naproxen, Norco, Prilosec, topical compounds, and TENS unit supplies and placed off of work, on total temporary disability. The applicant's height, weight, and BMI were, once again, not provided. An earlier note of April 24, 2014 was notable for comments should "continue" the [redacted] program. The applicant was still using a walker to move about. The applicant was given refills of various medications, including Ambien and Norco.

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 ACOEM Practice Guidelines, Chapter 1, page 11, Personal Risk Modification section. 2. MTUS 9792.20f.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of individual risk factors, such as worker fitness, smoking cessation, and the weight loss program at issue, may be "less certain, more difficult, and possibly less cost effective." In this case, the applicant has apparently previously received the [redacted] weight loss program at issue, despite the tepid-to-unfavorable ACOEM position on the same. It does not appear that the weight loss program has been markedly successful. The applicant does not appear to have lost significant amounts of weight. The applicant is still using a walker to move about and is still using medications such as Norco and Ambien on a daily basis. Furthermore, the attending provider has failed to measure the applicant's height, weight, and/or BMI on numerous office visits, referenced above. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier participation in the [redacted] weight loss program at issue. Therefore, the request for (continued participation) in the [redacted] program is not medically necessary.