

Case Number:	CM14-0029471		
Date Assigned:	04/09/2014	Date of Injury:	04/17/2006
Decision Date:	05/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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 an employee of [REDACTED] and has submitted a claim for multilevel herniated nucleus pulposus (HNP) of the cervical spine with moderate to severe stenosis and distortion of the cervical cord, and HNP of the lumbar spine with stenosis associated with an industrial injury date of 04/17/2006. Treatment to date has included acupuncture, home exercise, and medications including hydrocodone/Apap, tramadol, omeprazole, and Medrox patches. Utilization review from 12/26/2013 denied the request for nutritional consultation because it is not clear that obesity is the primary condition retarding recovery from the accepted condition of the claim. Medical records from 2013 were reviewed showing that patient complained of chronic neck, mid and low back graded 6-7/10 in severity with relief upon intake of medications. This resulted to limitations with his activities of daily living. Physical examination showed tenderness over the cervical and lumbar spine. Motor strength showed 4+/5 for left deltoid, biceps, internal and external rotators; 5-/5 for right deltoid, biceps, internal and external rotators; 4+/5 for bilateral wrist extensors and flexors, left psoas, quadriceps, tibialis anterior, left EHL, left ankle invertors and evertors. There was hyperreflexia at right biceps, brachioradialis, and bilateral patellar reflexes. Two beats of clonus on the left, and four beats of clonus on the right were noted. Sensation was decreased to the right C5-C6, and left L3, L4, L5, and S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUTRITIONAL CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator 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).

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), Independent Medical Examinations And Consultations, Page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, "occupational health practitioners may refer to other specialists if the 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, patient weighs 236 lbs, stands 5'6" tall, thus he has a body mass index of 38.09. It was stated that he weighed 210 lbs prior to the injury date, thus, with a BMI of 35.34. The rationale given for nutritional consult is to aid in weight loss and to increase patient's overall function. There is no evidence that his obesity is the primary reason delaying his recovery since progress reports cited that patient can exercise, however, he experiences limitations due to pain and not due to his heavy weight. There was no documentation stating that patient had already tried other weight loss methods. Furthermore, there was no evidence that the industrial accident contributed to patient's weight gain of 26 lbs since the injury. Therefore, the request for nutritional consultation is not medically necessary.