

<b>Case Number:</b>	CM14-0029676		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 delivery driver who has filed a claim for chronic mid back, low back, and bilateral shoulder pain reportedly associated with an industrial injury of June 14, 2013. The applicant, it is incidentally noted, has alleged multifocal pain complaints secondary to cumulative trauma as opposed to a specific, discrete injury. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; MR imaging of the lumbar spine of June 27, 2013 notable for a 3-mm disk protrusion at L2-L3; and extensive periods time off of work, on total temporary disability. In a utilization review report dated February 10, 2014, the claims administrator denied a weight loss program and conditionally denied eight sessions of physical therapy. The applicant's attorney subsequently appealed. A May 12, 2014 progress note was notable for comments that the applicant reported multifocal neck, midback, low back, hand, wrist, and shoulder pain. The applicant was again placed off of work, on total temporary disability. The applicant's height, weight, and/or BMI were not provided. Similarly, on April 7, 2014, the applicant was again placed off of work and given prescriptions for Norco and Flexeril. Once again, the applicant's height, weight, and BMI were not furnished. In an initial evaluation of August 23, 2013, it was stated that the applicant was an obese individual with low back pain issues. The applicant's height and weight were again not clearly stated. On August 23, 2013, the applicant was described as standing 5 feet 11 inches tall and weighing 318 pounds. In a January 9, 2014 progress report, the applicant was again described as reporting multifocal pain complaints about the mid back, low back, and bilateral shoulders, again reportedly attributed to cumulative trauma at work. Physical therapy was sought. The applicant was described as weighing 315 pounds. It was stated that the applicant would benefit

from a weight loss program, particularly if he was having issues with ongoing psychological stress and insomnia.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 WEIGHT LOSS PROGRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of the individual risk factors, including weight loss, may be "less certain" and "more difficult." In this case, the attending provider has not furnished any narrative rationale, commentary, applicant-specific information, or medical evidence which would offset the unfavorable ACOEM recommendation. It is further noted that attending provider has not clearly detailed, narrated, or described the applicant's efforts to lose weight of his own accord, nor did the attending provider clearly stated the applicant's height and weight on more recent office visits. Therefore, the request is not medically necessary.