

<b>Case Number:</b>	CM14-0030788		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/01/2001
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Texas. 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 injured worker is a 54 year old female who initially presented with low back pain. The clinical note dated 11/04/05 indicates the injured worker complaining of back and neck pain as a result of a work related injury on 07/01/2001 when she fell off scaffolding and landed on concrete. The injured worker stated that she had struck her head. No indication the injured worker lost consciousness; however, the injured worker did report feeling dazed after the incident. The injured worker also reported tenderness in the lumbar spine. The injured worker was also diagnosed with a separated shoulder. The note does indicate the injured worker having undergone therapeutic modalities. The injured worker also underwent an epidural steroid injection in the lumbar region. The clinical note dated 06/24/11 indicates the injured worker having undergone a urine toxicology screen which revealed the injured worker's findings consistent with alcohol use. Note dated 07/24/13 indicates the injured worker presenting for medication refill. The injured worker continued with complaints of intractable low back and neck pain. The injured worker rated the pain as 8/10 at that time. The injured worker also stated the pain was affecting her sleep hygiene at that time. The note indicates the injured worker utilizing Trazodone. The note indicates the injured worker currently weighing 162 lbs at 62 inches tall for a body mass index (BMI) of 30. The progress report dated 08/21/13 indicates the injured worker continuing with occasional alcohol intake. The injured worker also reported smoking half a pack a day for the past 38 years. No other significant changes are identified in the injured worker's presentation. The clinical note dated 10/16/13 indicates the injured worker had lost 10 lbs and had lowered her BMI to 28.0. The injured worker continued with pain in the lumbar region. The utilization review dated 02/11/14 resulted in a denial for a nutrition consultation regarding diet and weight loss as the injured worker is not apparently obese.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 nutrition consult regarding diet and weight loss:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Snow V. Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guidelines 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 Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages, Page 503.

**Decision rationale:** The request for a nutritional consultation regarding diet and weight loss is not medically necessary. The documentation indicates the injured worker complaining of ongoing low back pain despite a previous surgical intervention. Diet and weight loss are indicated for obese injured workers or injured workers who have undergone more conservative attempts at weight loss. No information was submitted regarding the injured worker's previous attempts at conservative methods of weight loss. Additionally, the injured worker's current BMI is recorded as being 28 which is well below standards of obesity.