

Case Number:	CM14-0036392		
Date Assigned:	06/25/2014	Date of Injury:	09/15/2012
Decision Date:	10/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/25/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

This injured worker is a 35 year old female who reported an injury on 09/15/2012. The mechanism of injury was not provided. The injured worker was diagnosed with lumbar sprain/strain. Past treatment included chiropractic therapy and medications. Diagnostic testing included x-rays of the cervical spine and lumbar spine. The surgical history was not provided. The clinical note dated 07/01/2014 was handwritten and largely illegible. The legible portions of the clinical note indicated the injured worker complained of low back pain and stiffness which was moderate to severe in intensity. Medications were not provided. The treatment plan was not provided. The rationale for the request was not provided. The request for authorization form was submitted on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight management class: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness Chapter, Psychological Evaluation, Stress Management

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: Lawrence J. Appel, M.D, et al, (2011). Comparative Effectiveness of Weight-Loss

Interventions in Clinical Practice. The New England Journal of Medicine, Volume 365, pages 1959-1968.

Decision rationale: The request for Weight management class is not medically necessary. In a study authored by Appel, et al, it was noted, "In two behavioral interventions, one delivered with in-person support and the other delivered remotely, without face-to-face contact between participants and weight-loss coaches, obese patients achieved and sustained clinically significant weight loss over a period of 24 months." There is lack of documentation of the injured workers weight, height, and BMI measurements. There is a lack of documentation indicating what interventions have been tried regarding weight reduction prior to the request for a weight management class. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for weight management is not medically necessary.