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| <b>Case Number:</b>   | CM14-0039375 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 02/14/2013 |
| <b>Decision Date:</b> | 08/25/2014   | <b>UR Denial Date:</b>       | 03/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2014 |

### 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 Nevada. 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 records presented for review indicate that this 49-year-old female was reportedly injured on February 14, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 21, 2014, indicates that there are ongoing complaints of neck pain radiating to the left upper extremity. The physical examination demonstrated muscle spasms at the left trapezius and tenderness over the cervical paraspinal muscles. No significant spasms were noted. There was decreased sensation in the left C7 dermatomes. Diagnostic imaging studies reported a large C6-C7 disc herniation abutting the spinal cord and causing left sided foraminal stenosis. Previous treatment includes chiropractic care and epidural steroid injections. A request was made for 24 days of medically managed weight loss and was not certified in the pre-authorization process on March 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Days of Medically Managed Weight Loss Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity <http://www.mdguidelines.com/obesity>.

**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:<http://www.mdguidelines.com/obesity>.

**Decision rationale:** According to the medical record the injured employee has gained forty pounds since the stated date of injury. However there is no documentation of any previous attempts at weight loss to include simple diet and exercise. Furthermore, it is unclear as to what relation a medically managed weight loss program would have to the compensable injury of the cervical spine. For these reasons, this request for 24 days of a medically managed weight loss program is not medically necessary.