

Case Number:	CM14-0039901		
Date Assigned:	06/27/2014	Date of Injury:	12/15/2010
Decision Date:	07/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This is a 33-year-old female who sustained injury on 12/15/10. The mechanism of injury was not provided for review. The treatment history includes medications, a home exercise program, injections, acupuncture, a TENS unit, and modified duties. A progress report dated 2/24/14 indicates that the patient presented with flare-up of her neck and bilateral shoulder pain, rated at 8/10. Objective findings include cervical spine tenderness over paravertebral muscles/trapezius with slight spasm. Cervical spine flexion was at 45, extension was at 50, right rotation was at 68, left rotation was at 70, right side bending was at 38, and left side bending was at 40. The diagnosis was cervical spine trapezius sprain/strain, 2 mm disc bulge at C3-4 and C6-7, and bilateral shoulder strain. It was noted that the patient has gained about 50 lbs due to inactivity resulting from the work injury. Her current weight was 190 lbs; her pre-injury weight was 140 lbs on a 5' 3 frame and BMI of 34. The request was for weight loss program with a target weight loss of 50 lbs facilitated through the [REDACTED] program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Journal of the American Dietetic Association (October 2007) 107 (10); 1755-67.

Decision rationale: This is a request for [REDACTED] weight loss program for a 33-year-old obese female with chronic neck and shoulder pain. The MTUS and Official Disability Guidelines do not address this request. While [REDACTED] may be an effective weight-loss program, medical records do not document failure of standard strategies for weight loss, including exercise and caloric restriction. Medical necessity is not established.