

Case Number:	CM14-0045927		
Date Assigned:	07/02/2014	Date of Injury:	07/11/2011
Decision Date:	08/27/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 47-year-old female who reported injury on 07/11/2011. The diagnoses were sprain in lumbar region and lumbar disc displacement. The mechanism of injury was the injured worker hit her head on a ladder and fell on her side hurting her ribs. The injured worker underwent a microscopic lumbar decompression at L4-5 and L5-S1 on 01/24/2014. The injured worker underwent an MRI of the lumbar spine. The injured worker underwent physical therapy. The injured worker underwent nerve conduction studies. The injured worker underwent an MRI of the lumbar spine, cervical spine and an EMG/NCV. Physical examination of 05/01/2014 revealed the injured worker had bilateral carpal tunnel releases. The physical examination revealed the injured worker's height was 5 feet 2 inches and she had a weight of 189 pounds. The diagnoses included bilateral carpal tunnel syndrome, right greater than left, anxiety, insomnia, status post bilateral carpal tunnel releases, status post microscopic L4-5 and L5-S1 decompression on 01/24/2014, cervical sprain/strain, and right trigger thumb. Treatment plan included authorization for a trigger finger release, Norco 10/325 mg #60, Prilosec 20 mg #90, and Xanax 0.25 mg #60 as well as a urine toxicology. The injured worker underwent a trigger point injection and it was requested the injured worker have a weight loss program. The original date of request could not be determined through supplied documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.PubMed.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications.

Decision rationale: The Official Disability Guidelines indicate that lifestyle modifications including diet and exercise are appropriate interventions for weight loss. The clinical documentation submitted for review failed to indicate the injured worker had trialed and failed independent diet and exercise. The request as submitted failed to indicate the frequency and duration for the requested weight loss program. There was a lack of documentation per the submitted request for the specific program that was being requested. Given the above, the request for weight loss program is not medically necessary.