

Case Number:	CM14-0060805		
Date Assigned:	07/09/2014	Date of Injury:	03/23/2006
Decision Date:	08/19/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/01/2014

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 51 year old female with a work injury dated 3/23/06. The diagnoses include cervical radiculopathy, lumbar/Sacral Radiculopathy, lumbosacral spondylosis, cervical spondylosis, post laminectomy syndrome cervical, costoclavicular syndrome, major depression limb pain. Under consideration is a request for a referral to a dietician. There is a 3/4/14 office visit that states that the patient comes for follow up and medication refill for chronic low back, neck, arm, jaw, and right shoulder pain. Her home health aide was not approved. She states she doesn't have the energy or patience for cooking at home for herself. She states that she can't even cut a potato. On exam, her BMI is BMI 29.26. On exam, the patient is in no acute distress. There are no neck masses or thyroidmegaly. There is no tachycardia. The patient is not in respiratory distress. There are no skin rashes. The extremities reveal no edema and the distal pulses are present. The patient is depressed. The cervical spine reveals no lordosis or significant spasm. There is severe decreased range of motion. There is tenderness to the cervical paraspinal muscles. The facet joints reveal no pain with loading bilaterally. The shoulder region has tenderness over the trapezius muscle. The motor exam has 5/5 upper extremity strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Dietician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fetterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. *Ann Intern Med* 2005 Apr 5;142(7):525-31.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 90-91. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin on Nutritional Counseling (Number 0049); and www.nhlbi.nih.gov/health-topics/obe/diagnosis.html.

Decision rationale: A referral to a dietician is not medically necessary. The MTUS guidelines do not specifically address this issue but the ACOEM guidelines do discuss appropriate treatment approach options. The ODG guidelines do not specifically address this issue. Aetna Clinical Policy Bulletin on Nutritional Counseling (Number 0049) was reviewed. This policy states that nutritional counseling is medically necessary for chronic disease states in which dietary adjustment has a therapeutic role. The policy states that nutritional counseling is of unproven value for conditions that have not been shown to be nutritionally related. The ACOEM guidelines states that the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The guidelines also state that it is important to explore signs of passivity in the patient, which may herald depression. The NIH National Heart, Lung and Blood Intitute define obesity as a Body Mass Index of over 30.0. This patient does not fall in the obesity category. There is no evidence of a chronic disease that requires dietary adjustments for therapeutic means. There is no evidence that the patient has attempted dietary modifications on her own. The request for a referral to a dietician is not medically necessary.