

Case Number:	CM14-0063495		
Date Assigned:	07/11/2014	Date of Injury:	10/25/2000
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 Pain Medicine 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 58-year-old male who reported an injury on 10/25/2000. The mechanism of injury was not provided within the medical records. The clinical note dated 06/16/2014 indicated diagnoses of status post decompression, and fusion of the anterior and posterior cervical spine, with significant residuals, status post repeat posterior decompression with residuals, chronic protrusion and stenosis of the lumbosacral spine at L2 through S1, chronic persistent left C3-4 radiculopathy per EMG, status post anterior cervical decompression, and fusion dated 08/13/2013, and postoperative muscle atrophy. The injured worker reported left sided constant headaches rated 7/10 to 8/10, and he reported constant neck pain rated 7/10 to 8/10 that radiated down into the bilateral trapezius muscles, associated with pulling sensation. The injured worker also reported constant low back pain rated 7/10 to 8/10 with radiation that radiated down into the bilateral lower extremities, and down into the bilateral feet that was associated with numbness and tingling sensation. The injured worker reported his low back pain was aggravated with cold weather. The injured worker reported spasms in the cervical and lumbar spine, and reported constant right hip pain rated 7/10 to 8/10 that was aggravated with sitting or walking. The injured worker also reported achy pain in the left ear. On physical examination of the cervical spine, range of motion revealed flexion at 30/50 degrees, extension at 20/60 degrees, right rotation at 45/80 degrees, left rotation at 40/80 degrees and right lateral bend and left lateral bend at 10/45 degrees. The injured worker had a positive Spurling's test bilaterally. There was also severe tenderness to palpation over the bilateral trapezius muscle groups and upper extremity motor strength revealed weakness in the deltoid, biceps, and wrist extensor muscle groups bilaterally at 4. The injured worker's sensory exam revealed paresthesias bilaterally. The injured worker's treatment plan included a course of physical therapy, follow-up in 4 weeks for re-evaluation. The injured worker's prior treatments included diagnostic imaging,

surgery, physical therapy, and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for a [REDACTED] Weight Loss Program. A Request for Authorization was not submitted for review to include the date the treatment was requested.

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 <http://www.Nobi.Nim.Nih.Gov/pubmed/20809828>.

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

Decision rationale: The Official Disability Guidelines state, diet and exercise modifications are recommended as first line interventions. It was not indicated if the injured worker had tried a first line intervention, such as dietary and exercise modifications. In addition, the documentation submitted did not indicate the injured worker's weight to warrant a weight loss program. Additionally, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a time frame. Therefore, the request for [REDACTED] weight loss program is not medically necessary.