

Case Number:	CM14-0072698		
Date Assigned:	07/23/2014	Date of Injury:	04/07/1994
Decision Date:	09/17/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/19/2014

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 Illinois. 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 63-year-old male who reported an injury on 04/07/1994, due to an unknown mechanism. Diagnoses were lumbar spine radiculitis, postlaminectomy syndrome, obesity, and constipation secondary to narcotics. Past treatments were physical therapy. Diagnostic studies were ultrasound of the abdomen for GI events that was normal. Surgical history included posterior spine fusion of the L5-S1. The injured worker had a physical examination on 05/16/2014, with complaints of right upper extremity and neck pain. He stated the pain was in his low back and was persistent. The pain was rated at 6/10. The injured worker has lost 25 pounds with [REDACTED]. Physical exam revealed positive for paravertebral tenderness in the lumbar spine. Straight leg raise was positive bilaterally at 50 degrees. There was decreased sensation of the posterior thighs. Medications were Norco, Robaxin, Prilosec, Ultram, Colace, Tramadol, and Metamucil. Treatment plan was to continue weight loss program, with a quantity of 10 visits. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Weight Loss Program (weeks) Qty: 10.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Modifications.

Decision rationale: The Official Disability Guidelines state for lifestyle, diet, and exercise modifications, are recommended as first-line interventions. Lifestyle (diet and exercise) modifications are essential for all patients with diabetes. Reduction of obesity and an active lifestyle can have major benefits. Medical, nutritional therapy must be individualized. A low glycemic index diet is best for weight loss and cardiovascular disease prevention. Extreme restriction of fat or carbs can have bad effects. The best long-term approach is to avoid restriction of any major nutrient, either fat or carbohydrate, and instead focus on the quality of nutrients. The injured worker has had previous weight loss program visits. It is unknown how many visits the injured worker has had. The injured worker should be participating in a home exercise program, and following a low-fat, low-carbohydrate diet. The rationale was not submitted to support the medical necessity of this request. Therefore, the request is not medically necessary.