

<b>Case Number:</b>	CM14-0135444		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Emergency 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 49 year old male who suffered a work related injury on 10/24/2011. He has diagnoses of cervical spine disc bulges, thoracic spine disc bulges, lumbar spine disc bulges, and right shoulder internal derangement. It is documented that he is status post shoulder surgery on 01/29/2014. A progress note dated 7/2/2014 notes the injured worker complains of pain at the neck, upper and lower back bilateral shoulder/arm, bilateral elbows, bilateral wrist/and bilateral hips , bilateral knees, bilateral ankle and feet. Examination finding were unchanged and noted diminished sensation in the right index finger, right dorsal web and right small tip. In a physician initial pain management consultation note dated 7/17/2014 his weight is noted to be approximately 330 lbs., and his height is 5'8". The treatment request on 7/2/2014 is for initial weight loss consultation. On 07/22/2014 Utilization Review non-certified the request for initial weight loss consultation citing California Medical Treatment Utilization Schedule. It is unclear why the treating physician is unable to appropriately advise this patient on a reduced caloric intake requiring a specialty referral. It would be more appropriate to have the patient be counseled by his treating physician in a home-based dietary program. The medical records do not establish this patient has failed at least 6 months of an attempt at weight loss to indicate the need for a specialty referral for a medically supervised program. The medial necessity of this request was not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial weight loss consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** The requested initial weight loss consultation is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain at the neck, upper and lower back bilateral shoulder/arm, bilateral elbows, bilateral wrist/and bilateral hips, bilateral knees, bilateral ankle and feet. The treating physician has documented diminished sensation in the right index finger, right dorsal web and right small tip; and his weight is noted to be approximately 330 lbs., and his height is 5'8". The treating physician has not documented patient-directed attempts at diet or exercise programs to reduce weight. The criteria noted above not having been met, the initial weight loss consultation is not medically necessary.