

<b>Case Number:</b>	CM14-0207133		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	01/02/2003
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

46y/o female injured worker with date of injury 1/2/03 with related low back and left foot pain. Per progress report dated 11/25/14, the injured worker complained of fractured left 5th toe which was improving. He reported usual pain 7/10 with medications and ongoing neck and low back pain rated at 5/10 at best. He reported being overwhelmed by pain, work and home related stress, had small leg wounds and right hand numbness that bothered him at night. He had a history of lumbar spine fusion and continued to have significant low back pain with limitations in activity. He also complained of symptoms radiating down to the thigh and had been diagnosed with lumbar radiculopathy. The documentation did not state that physical therapy was utilized. Treatment to date has included surgery and medication management. The date of UR decision was 11/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medically supervised diet:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The MTUS and ODG guidelines are silent on medically supervised diets. The California MTUS ACOEM Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of a medically supervised diet has not been sufficiently established by the documentation available for review. With regard to treating obese patients, the guidelines recommend beginning with lifestyle and behavioral modifications such as appropriate diet and exercise. The request is not medically necessary.