

<b>Case Number:</b>	CM14-0068846		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Family 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 injured worker's date of injury is 04/24/2007. This patient receives treatment for chronic low back pain and right shoulder pain. Medications taken include Flexeril, Lactulose, Fexmid, and Norco 10/325 mg. A lumbar spine MRI on 12/16/2013 showed a 2mm disc protrusion without cord or neural abutment and mild facet changes. The patient received physical therapy for the low back and right shoulder. A urine drug screen was positive for Hydromorphone, an opioid not prescribed by the treating physician. The patient receives treatment for abdominal pain, depression, and insomnia. The patient received steroid injections for plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Course of** [REDACTED]: Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Obesity in adults: Overview of Management, author George Bray, MD; UpToDate.com accessed online

**Decision rationale:** The medical records provided do not address this request for obesity treatment. In addition, there is no recording of the patient's Body Mass Index (BMI), which is the

standard clinical measurement used to categorize a patient's degree of overweight or obesity. Diagnosing obesity and treating obesity may be medically indicated for the management of diabetes, osteoarthritis of weight bearing joints, and hypertension. The documentation does not adequately discuss for what the reason the patient's weight requires treatment. Based on the documentation submitted, the request for additional [REDACTED] sessions is not medically indicated.