

<b>Case Number:</b>	CM15-0005161		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old female who reported an injury on 05/11/2010. The mechanism of injury was unspecified. Her diagnoses included cervical radiculopathy, lumbar radiculopathy, left shoulder pain, diabetes mellitus, and bilateral carpal tunnel syndrome. The past treatments included a home exercise program, weight loss, aquatic therapy, and medications. On 11/25/2014, the injured worker complained of neck pain that radiated to the left shoulder down the bilateral upper extremities. The injured worker also complained of low back pain that radiated down the left lower extremity and upper extremity pain bilaterally in the shoulders and scapula. The injured worker's pain level was rated as 2/10 in intensity with medications and 9/10 without medications. The physical examination of the cervical spine revealed tenderness over the spinal vertebrae in the C5-7 and also in the trapezius muscles bilaterally in the paravertebral areas. The cervical range of motion was indicated to be moderately limited due to pain. The physical examination of the lumbar spine revealed moderate to severe limited range of motion with pain upon flexion and extension. The injured worker's sensory exam was within normal limits bilaterally with a negative leg raise bilaterally. Her relevant medications included Naprosyn, cyclobenzaprine 7.5 mg, Norco 10/325 mg, glipizide 10 mg, and metformin 1000 mg. The treatment plan included a weight loss program. A rationale was not provided for review. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD

**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 request for a weight loss program is not medically necessary. According to the Official Disability Guidelines, lifestyle modifications to include diet and exercise are recommended as a first line intervention, especially for patients with diabetes. A reduction of obesity and an active lifestyle can have major benefits. It is further indicated that medical nutrition should be individualized along with dietary adjustments to match the injured worker's carbohydrate intake, high glycemic index, adequate protein intake, heart healthy diet use, weight management, and sufficient physical activity. The injured worker was recommended for a weight loss program due to obesity. However, there was a lack of documentation outlining the injured worker's current weight and body mass index score. In addition, there was a lack of documentation in regard to the completed therapies to include aquatic therapy and an evaluation for a continued home exercise program. There was also lack of documentation to indicate the injured worker had made diet modifications with an increase in exercise for weight loss. Therefore, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.