

Case Number:	CM15-0009101		
Date Assigned:	01/27/2015	Date of Injury:	08/09/1999
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 57 year old male with an industrial injury dated August 9, 1999. The injured worker diagnoses include status post C4 to C6 anterior cervical discectomy and fusion, lumbar spine discopathy and bilateral carpal tunnel syndrome. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, injections, physical therapy, consultations and periodic follow up visits. According to the progress note dated 12/4/14, injured worker reported frequent pain with constant paresthesia in bilateral wrists, left worse than right, aggravated by repetitive motions, gripping, grasping, pushing, pulling and lifting. The injured worker also complained of intermittent cervical spine pain with associated headaches and tension in the shoulder blades and frequent low back pain. The treating physician prescribed services for [REDACTED] low glycemic index x6 months. Utilization Review (UR) determination on December 18, 2014 denied the request for [REDACTED] low glycemic index x6 months, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] low glycemic index x6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.
Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes

Decision rationale: Review of [REDACTED] website shows that this is not just a commercial diet plan but a menu and food plan. It basically provides and sends food to the customer. ACOEM Guidelines recommend lifestyle changes including dietary changes and exercise for weight loss. As per Official Disability Guidelines, lifestyle modification including dietary changes and exercise are recommended to lose weight. There is no documentation of attempt at exercise or appropriate dietary modification. There is no documentation as to why the patient cannot provide for him/herself and needs food to be prepared and delivered to his/her doorstep. There is no evidence of superiority of commercial diet plans vs basic lifestyle changes. There is no medical necessity of a non-medically monitored commercial food delivery service.