

Case Number:	CM15-0107788		
Date Assigned:	06/12/2015	Date of Injury:	03/27/2014
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland

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

This 53 year old male sustained an industrial injury to head, shoulders, neck, low back and bilateral knees after falling off a ladder on 3/27/14. Previous treatment included chiropractic therapy, massage, speech therapy, physical therapy, cognitive behavioral therapy, right knee hinged brace, cane and medications. In a PR-2 dated 5/1/15, the physician noted that the injured worker had multiple problems and was seeing multiple providers. The injured worker was followed by neurology for seizures as well as a spine specialist for ongoing neck pain and swelling. The injured worker reported that his headaches, back pain and knee pain were worse. The injured worker stated that his neck pain radiated to both shoulders and arms with tingling in both hands. The injured worker rated his pain 6-10/10 on the visual analog scale. Physical exam was remarkable for neck and back with decreased and painful range of motion. The injured worker walked with an antalgic gait using a cane. The injured worker frequently closed his eyes due to sensitivity to light. The physician noted that the injured worker had gained weight despite dieting and eating healthy. The physician stated that it was felt that this was negatively influencing his ability to recover. Current diagnoses included status post fall with multiple trauma, head injury and intracranial hemorrhage with post-concussive syndrome, headaches, right temporomandibular joint syndrome, traumatic brain injury with cognitive deficits, cervical spine sprain/strain, cervical spine degenerative disc disease, cervical brachial myofascial pain syndrome, bilateral shoulder myofascial pain, right knee sprain/strain, left knee sprain/strain and chronic pain syndrome with amplified pain behavior. The treatment plan included continuing cognitive behavioral therapy, continuing medications (Percocet, Topamax and Voltaren),

awaiting Irien Syndrome screening, awaiting authorization for Viagra, continuing Keppra, requesting spine consultation, requesting home health evaluation and requesting authorization for weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) weight loss program: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Obesity in Adults (US). Bethesda (MD): National Heart, Lung, and Blood Institute; 1998 Sep.

Decision rationale: One (1) weight loss program is not medically necessary per the MTUS guidelines and the guidelines from the NHLBI. The MTUS states that to achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. The NHLBI states that there is strong evidence that combined interventions of a low calorie diet, increased physical activity, and behavior therapy provide the most successful therapy for weight loss and weight maintenance. The documentation is not clear on the details of the patient has attempted through exercise, weight loss or diet changes independently. The request is not clear on the details of the weight loss program requested and the duration. The request for a weight loss program is therefore not medically necessary.