

<b>Case Number:</b>	CM15-0142041		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and neck pain with derivative complaints of tooth pain and weight gain reportedly associated with an industrial injury of January 9, 2012. In a Utilization Review report dated July 8, 2015, the claims administrator approved a dental consultation while failing to approve a request for an internal medicine consultation for weight gain. The claims administrator referenced a progress note of June 15, 2015 and an associated June 16, 2015 RFA form in its determination. The claims administrator incidentally noted that the applicant weighed 250 pounds. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant presented with posttraumatic stress disorder, depressive disorder, panic disorder, and cognitive disorder. Cymbalta, Risperdal, and Xanax were prescribed. In a handwritten orthopedic note somewhat blurred as a result of repetitive photocopying and faxing, apparently dated May 18, 2015, the applicant was described as having various depressive issues, anxiety issues, and posttraumatic stress disorder superimposed on issues with low back and neck pain, 8-9/10. Manipulative therapy, acupuncture, and physical therapy had generated only minimal relief. The applicant had apparently failed to lose weight through dieting alone. The applicant was apparently asked to consult an internist to address the issues with weight gain. The applicant's weight did not appear to have been stated. In a June 15, 2015 progress note, it was stated that the applicant stood 5 feet 10 inches tall and weighed 250 pounds. The applicant was not working, it was acknowledged. The applicant had ongoing issues with chronic pain, depression, a loose tooth, and weight gain, it was reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consultation for weight gain:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Yes, the proposed internal medicine consultation for weight gain was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, was likely uncomfortable addressing issues with delayed recovery associated with weight gain. Obtaining the added expertise of a practitioner potentially better-equipped to address such issues, such as an internist was, thus, indicated. Therefore, the request was medically necessary.