

<b>Case Number:</b>	CM15-0142951		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Georgia, California, Texas

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 injured worker is a 28 year old female, who sustained an industrial injury on 05-02-2014. She has reported injury to the head and neck. The diagnoses have included left-sided orbital pain; headache pain; cervical disc displacement without myelopathy; and post-concussive syndrome. Treatment to date has included medications, diagnostics, massage therapy, acupuncture, speech therapy, and physical therapy. Medications have included Topamax and Gabapentin. A progress note from the treating physician, dated 06-11-2015, documented a follow-up visit with the injured worker. The injured worker reported persistent head, neck, and upper extremity pain; she has had about 18-20 physical therapy sessions so far; she felt severe pain during a physical therapy session and has had intractable neck pain, headache with radiation to the left upper extremity, which has not resolved; she started speech therapy and only had one session so far; she was not able to complete all the sessions before the end date; she has had about 20 pound weight gain since her injury; and her blood pressure has been worsening. Objective findings included appropriate mood and affect; alert and oriented times three; gait was grossly normal and non-antalgic; she has had a few sessions of cognitive behavioral therapy; noted neuropsychology report, dated 12-10-2014, recommends utilizing speech therapy to strengthen various cognitive muscle groups necessary to engage in complex activity; she had had one session of speech therapy and this will expire in the next couple of weeks; and request for an extension will be made. The treatment plan has included the request for extension on speech therapy authorization; and weight loss program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Extension on speech therapy authorization:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Speech Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter (revised 07/24/15), Speech therapy (ST).

**Decision rationale:** ODG criteria for speech therapy include: A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease: Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level; Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months; The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist; Treatment beyond 30 visits requires authorization. Per 07/28/15 letter of medical necessity, speech therapy was recommended following a neuropsychological evaluation. The injured worker has only attended 2 speech therapy sessions, which consisted mostly of evaluation. She reports difficulty with cognition and memory which interferes with performing the functions of her usual job. Based upon the submitted information, extension of time in order to complete the previously authorized 12 sessions of speech therapy is reasonable and medically necessary.

### **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 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Academy of Nutrition and Dietetics. Adult weight management evidence-based nutrition practice guideline. Chicago (IL): Academy of Nutrition and Dietetics; 2014, J Am Diet Assoc. 2011 Jun; 111 (6): 828-43, A structured diet and exercise program promotes favorable changes in weight loss, body composition, and weight maintenance, Kreider RB, Serra M, Beavers KM, Moreillon J, Kresta JY, Byrd M, Oliver JM, Gutierrez J, Hudson G, Deike E, Shelmadine B, Leeke P, Rasmussen C, Greenwood M, Cooke MB, Kerksick C, Campbell JK, Beiseigel J, Jonnalagadda SS.

**Decision rationale:** Per the submitted documentation, the injured worker reports a 23 pound weight gain since time of injury. Current body mass index of 30.1 is consistent with obesity. She reports that her blood pressure has increased and she is now pre-hypertensive, but this cannot be confirmed as there are no recent documented blood pressure measurements. ACOEM Guidelines

Ch 1 (Prevention) states: "Strategies based on modification of individual risk factors (e.g., improving worker fitness, smoking cessation, weight loss) may be less certain, more difficult, and possibly less cost-effective." MTUS and ODG are otherwise silent concerning weight loss programs. Academy of Nutrition and Dietetics practice guideline recommends annual BMI screening to identify individuals who are overweight or obese, with referral of identified individuals to an RDN for medical nutrition therapy (MNT). Following assessment of objective parameters, the individual's motivation, assessment of total energy needs, nutritional requirements, and weight loss goals, it is recommended that the RDN design a program in coordination with an interdisciplinary team, followed by assessment of effectiveness of the program. There are many commercially available weight loss programs; however in 2011 Kreider, et al, noted that few studies have compared the efficacy of different methods. The authors noted: "With the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal." While weight loss appears to be a reasonable goal in this case, the submitted documentation is insufficient to support this request. No specific weight loss goal is documented. The claimant's individual efforts to lose weight are not documented. The type and duration of the requested weight loss program are not documented. The request is not medically necessary.