

Case Number:	CM15-0145368		
Date Assigned:	08/06/2015	Date of Injury:	08/09/1999
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 57 year old male who sustained an industrial injury on 08-09-99. Initial complaints and diagnoses are not available. Treatments to date include medications, cervical fusion, and therapies. Diagnostic studies include x-rays and MRIs. Current complaints include paresthasias in the bilateral wrists, as well as wrist, cervical spine and lower back pain. Current diagnoses include status post C4-6 anterior cervical discectomy and fusion, lumbar spine discopathy, and electrodiagnostic evidence of bilateral carpal tunnel syndrome. In a progress note dated 07-02-15 the treating provider reports the plan of care as injections of Toradol and B12. The requested treatment includes 6 months of Nutrisystem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nutrisystem for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Policy Number: 0039 Weight Reduction Medications and Programs.

Decision rationale: The patient presents on 07/02/15 with constant pain in the bilateral wrists rated 5/10 (left worse than right), and associated paresthesias in the hands. The patient's date of injury is 08/09/99. Patient is status post C4 to C6 anterior cervical discectomy and fusion at a date unspecified. The request is for NUTRISYSTEM FOR 6 MONTHS. The RFA was not provided. Physical examination dated 07/02/15 reveals tenderness to palpation over the palmar aspect of the bilateral wrists, positive palmar compression test, Phalen's sign, Tinel's sign, and reduced sensation in the radial digits, left worse than right. The patient's current medication regimen is not provided. Diagnostic imaging pertinent to the request was not provided. Patient's current work status is not provided. The MTUS, ACOEM and ODG guidelines do not discuss weight loss foods specifically. However, Aetna Weight Reduction Medications and Programs Number: 0039 states, "Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met." Review of the records provided show that this patient does meet criteria for specialized weight loss, owing to a current calculated BMI of 39.1 and diabetes. However, there is no evidence or statements demonstrating that the patient has failed to progress during 6 months of medically supervised weight loss, as required by AETNA guidelines. It is also unclear the duration of attempts to lose weight and the nature of the weight loss regimen, whether through diet, exercise, etc. Furthermore, there are no peer reviewed studies available which establish the efficacy of this particular proprietary weight loss blend. Therefore, the request is not medically necessary.