

Case Number:	CM15-0149634		
Date Assigned:	08/12/2015	Date of Injury:	10/18/2012
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/02/2015

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:

The injured worker is a 40 year old female with an industrial injury dated 10-18-2012. His diagnoses included lumbar spine myoligamentous injury with facet joint arthropathy, cervical spine myoligamentous injury, bilateral carpal tunnel syndrome; medication induced gastritis and left knee sprain-strain. Prior treatment included lumbar facet rhizotomy, trigger point injections, weight loss program, and physiotherapy. She presents on 06-17-2015 with complaints of low back pain, which was much improved after undergoing lumbar facet rhizotomy at bilateral lumbar 3, lumbar 4 and lumbar 5 on 03-05-2015. She was still receiving at least 70% relief to her lower back with improved mobility and activity tolerance. She rated her current pain as 5 out of 10. She also complained of neck pain associated with headaches, which she rated as 6 out of 10. She also complained of pain in both knees. Physical exam of the cervical spine noted multiple trigger points with tenderness to palpation in the posterior cervical spine. There were trigger points and taut bands with tenderness to palpation noted throughout the lumbar spine. There was tenderness to palpation on examination of bilateral knees. The treatment plan included trigger point injections, left knee corticosteroid injection, refill of medications, MRI, left knee brace, continue weight loss program and follow up. The treatment request is for continuation of [REDACTED] Weight Loss Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of [REDACTED] 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: Continuation of [REDACTED] 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 request does not specify a duration of this weight loss and the MTUS and NHLBI recommendations stress patient responsibility to maintain a long term healthy lifestyle. The request for a supervised weight loss program is not medically necessary. 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.