

Case Number:	CM15-0161871		
Date Assigned:	08/28/2015	Date of Injury:	05/02/2014
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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 28 year old female, who sustained an industrial injury on May 2, 2014. Medical records indicate that the injured worker is undergoing treatment for a left orbital fracture and contusion, cervicalgia, post-concussion syndrome, headaches, cervical disc displacement without myelopathy, cognitive impairment, anxiety and depression. The injured worker is not working. Current documentation dated July 9, 2015 notes that the injured worker reported chronic head, neck and upper extremity pain. The injured worker also noted concentration issues. Objective findings noted the injured worker to be alert, oriented and cooperative with an appropriate mood and affect. Physical examination findings regarding the head, neck and upper extremities were not provided on this visit. The injured worker was noted to have gained twenty- three pounds since the industrial injury due to inactivity and chronic pain. The injured workers weight was noted to be 169.75 pounds. The treating physician recommended a weight loss program to reduce the injured workers weight and hopefully prevent her from becoming hypertensive. Treatment and evaluation to date has included medications, radiological studies, computed tomography scan, MRI, psychological evaluation, neuropsychiatric testing, cognitive behavior therapy, physical therapy, chiropractic treatments, acupuncture treatments, massage therapy, speech therapy and a home exercise program. A current medication list was not found in the medical records. The current treatment request was for a weight loss program. The Utilization Review documentation dated August 3, 2015 non-certified the request for a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Chapter 5, Cornerstones of Disability Prevention and Management, page 77.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. 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: 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 does not reveal clear documentation that the patient has attempted sustained exercise, weight loss or diet changes independently. The request for a weight loss program is not medically necessary.