

Case Number:	CM15-0190644		
Date Assigned:	10/02/2015	Date of Injury:	09/22/2007
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 57 year old male, who sustained an industrial injury on 9-22-2007. The injured worker was being treated for status post discectomy L5-S1, left x2, recurrent left lumbar radiculopathy, degenerative disc disease L4-L5 and L5-S1, beginning degenerative spondylolisthesis L5-S1, and morbid obesity. Treatment to date has included diagnostics, lumbar spinal surgery (unspecified), and medications. On 6-22-2015, the injured worker complains of low back pain with radiation down the left leg toward the foot. He also reported that he developed some shoulder pain. He reported taking occasional Motrin without significant pain relief. Exam revealed a normal gait, flexion at the waist limited to 30 degrees, and extension 5 degrees. Muscle testing showed 3 of 5 weakness of the left extensor hallucis longus, knee jerks were trace and equal, and ankle jerks "are probably absent". Sensory exam revealed "alteration over the dorsum of the left foot". Straight leg raise was possible to 90 degrees bilaterally, on the right causing pain in the right calf and on the left causing pain throughout the left lower extremity into the foot. Radiographic imaging of the lumbar spine was referenced. The injured worker reported that his weight in 2007 was about 260-270 pounds, with weight now over 300 pounds. His body mass index was not noted, although the progress report dated 5-19-2015 noted his height at 5'6" and weight "close to 300", described as "relatively stable". Attempts at self-directed weight loss were not documented. The treating physician recommended a weight reduction regimen with a nutritionist or internist and return to a gym for swimming. The injured worker reported that he can swim every other day and in the past, this has helped him. His work status was total temporary disability. Per the Request for

Authorization dated 9-10-2015, the treatment plan included consultation with an internist or nutritionist and a gym membership x12 months, non-certified by Utilization Review on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with internist or nutritionist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter/Lifestyle (diet & exercise) Modifications Section.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The MTUS guidelines do not address nutrition counseling and the ODG discussing it regards to diabetics. Per the ODG, nutrition counseling is recommended as a first-line intervention. Lifestyle (dietary and exercise) modifications are essential for all patients with diabetes. Reduction of obesity and an active lifestyle can have major benefits. Medical nutritional therapy must be individualized, with insulin dosage adjustments to match carbohydrate intake, high glycemic index food limitations, adequate protein intake, heart healthy diet use, weight management, and sufficient physical activity. In this case, the physician is requesting a nutrition consult due to the injured worker's "morbid obesity". The injured worker's BMI is not noted and there is no indication that he is diabetic. Therefore, the request for Consultation with Internist or Nutritionist is not medically necessary.

Gym membership, 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Gym Membership Section.

Decision rationale: The MTUS Guidelines do not address gym memberships. The ODG does not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a

need for equipment. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health profession is not recommended, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patients. In this case, attempts at self-directed weight loss were not documented, therefore, the request for gym membership, 12 months is determined to not be medically necessary.