

Case Number:	CM15-0193892		
Date Assigned:	10/07/2015	Date of Injury:	09/02/2004
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 47 year old male, who sustained an industrial injury on 09-02-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, high cholesterol, sleep apnea, borderline diabetes, asthma, gastroesophageal reflux disease (GERD), chronic back pain, and joint pain in the hips, knees, and ankles. Medical records (08-19-2015) indicate ongoing chronic back pain, hip pain, knee pain and ankle pain. Pain levels were not rated on a visual analog scale (VAS). Records did not discuss activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-19-2015, revealed a weight of 416.2 pounds with a body mass index of 56.4. It was reported that the IW was counseled regarding weight loss, and despite many years of dietary efforts and failed diet programs, the IW had failed to obtain a healthy body habitus. The treatment plan included laparotomy verses laparoscopic Roux-En-Y gastric bypass procedure, psychological consult or evaluation, nutritional visit, pre-operative nutritional teaching classes, support groups, physical therapy with exercise instruction, and post-operative nutritional classes with dietary follow-up and meal planning. Relevant treatments have included physician instructed weight loss teaching, physical therapy, medications, and multiple dietary programs. The request for authorization (08-19-2015) shows that the following service was requested: nutritional visit. The original utilization review (09-02-2015) non-certified the request for a nutritional visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nutritional visit: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: Guidelines recommend supervised nutritional programs when the patient has failed to progress in a self-managed program. In this case, there is no supporting medical note, which describes subjective and objective findings, which would justify supervised nutritional programs. The request for a nutritional visit is not medically appropriate and necessary.