

<b>Case Number:</b>	CM15-0023467		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	12/04/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona

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 37-year-old female who reported an injury on 12/04/2011. The mechanism of injury was not specifically stated. The current diagnoses include lumbar disc herniation with neural foraminal narrowing, facet arthropathy of the lumbar spine, chronic neck and back pain, cervical disc herniation with mild to moderate stenosis. The injured worker presented on 12/23/2014 for a follow up evaluation with complaints of neck pain, low back pain, shoulder and bilateral hip pain. The injured worker noted an occasional limp secondary to back and leg pain. It was noted that the injured worker was utilizing Norco 10/325 mg up to 2 to 3 times per day as well as Flexeril twice per day as needed. Additional conservative treatment includes postoperative physical therapy for the shoulder, 3 sessions of chiropractic treatment, 5 sessions of acupuncture, and several anti-inflammatory medications. The injured worker was status post right shoulder surgery on 01/24/2014. Upon examination, there was tenderness in the lower lumbar facet regions bilaterally, an antalgic gait, limited range of motion of the cervical spine, decreased sensation in the L4-S1 dermatomes on the right, intact sensation in the upper extremities, weakness in the right lower extremity, and weakness in the right upper extremity. Recommendations at that time included a 3 month trial of a [REDACTED] program. The injured worker was also instructed to continue with the current medication regimen. Eight additional sessions of chiropractic therapy was recommended, as well as a general orthopedic follow up visit. There was no Request for Authorization form submitted for this review.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** California MTUS Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self-management is the long-term goal of all forms of functional restoration. The principles of functional restoration apply to all conditions in general, and are not limited to injuries or pain. As per the clinical documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. The medical necessity for the requested service has not been established. As such, the request is not medically appropriate.