

Case Number:	CM15-0023510		
Date Assigned:	02/13/2015	Date of Injury:	10/25/2012
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old female patient, who sustained an industrial injury on October 25, 2012. The diagnoses have included sacroiliac region sprain/strain, neck sprain/strain, and lumbosacral sprain/strain. Per the note dated 6/16/2014, she had constant cervical and thoracic spine pain. There was increased pain following starting a home exercise program with stretching, and increased pain following activities of daily living. The physical examination revealed decreased active range of motion of the cervical and thoracic spine with spasms and tenderness to palpation. The current medications list is not specified in the records provided. She has had thoracic MRI dated 11/22/2013 which revealed end plate degenerative changes and 1 mm disc bulge at T3-4 and T11-12. She has had physical therapy and chiropractic therapy for this injury. On January 7, 2015, Utilization Review non-certified a request for [REDACTED] program, noting the guidelines do not support weight loss programs, and the lack of specific documentation regarding frequency, duration, or goals. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Program:** 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 Chapter:Knee & Leg (updated 02/27/15) Gym memberships American Family Physician. 2006 Jun 1;73(11):2074-2077.-Practice Guideline-Joint Position Statement on Obesity in Older Adults

Decision rationale: ACOEM/CA MTUS do not specifically address weight loss program. Per the cited guidelines "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 patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatments for obesity either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline- Joint Position Statement on Obesity in Older Adults- "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients."The records provided do not provide detailed information about patient's dietary history. The response to any prior attempts of weight loss treatments are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided. The medical necessity of [REDACTED] Program is not fully established for this patient at this time.