

Case Number:	CM15-0041566		
Date Assigned:	03/11/2015	Date of Injury:	07/30/2013
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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 Jersey, New York
 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:

The injured worker is a 37 year old female patient, who sustained an industrial injury on 07/30/2013. A primary treating office visit dated 12/29/2014 reported the patient returning for follow up for her left hip and low back. She reports that she experienced a flare up of her pain two days prior, and it's been very difficult to sleep lately. She takes Nortriptyline 75mg nightly and Ibuprophen 800mg three times daily. She works four hours daily. At this point, the PCP recommends continuing current medications, exercises and stretching. Follow up in three months. That following day of 12/30/2014, the patient returned with worsened pain. Of note, the recent QME evaluation came with recommendation for injection therapy to left hip. In addition, PCP documentation described the patient with difficulty getting appointment for injection. Furthermore, another primary treating visit dated 01/07/2015, reported still no injection administered and she was taken out of work until she can get her pain under control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with weight loss doctor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation USPSTF Screening for and management of obesity in adults, Annals of Internal Medicine.

Decision rationale: As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." The request for a consult with a weight loss doctor is not medically necessary. This is not specifically addressed in any guidelines found in MTUS or ODG. According to USPSTF, a weight loss program would aid the patient. However, the patient can also receive care through her primary care physician, dietician, and by changing her diet and lifestyle. There is no documentation that this was initiated. Therefore, the request is considered not medically necessary.