

Case Number:	CM15-0057976		
Date Assigned:	04/02/2015	Date of Injury:	04/14/2006
Decision Date:	05/15/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 58-year-old male, with a reported date of injury of 04/14/2006. The diagnoses include high blood pressure, and status post lumbar fusion. Treatments to date have included psychological treatment and oral medications. The medical report from which the request originates was not included in the medical records provided for review. The initial pain management evaluation dated 11/12/2014 indicates that the injured worker complained of back pain. He rated the pain 6 out of 10 with and without medications. It was noted that the injured worker was becoming more obese from inactivity. He weighed 325 pounds, and had a body mass index of 37.55. His blood pressure reading was 179/113 and his pulse rate was 120. The treating physician requested [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation <http://www.mdguidelines.com/obesity>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium. Management of overweight and obesity in the adult. Southfield (MI): Michigan Quality Improvement Consortium; 2013 Mar. 1 p.

Decision rationale: The Michigan Quality Improvement Consortium recommends goal setting by the health care provider for the patient to include caloric restriction and exercise with the major approach to include behavioral intervention. The medical records do not describe any attempt at behavioral intervention by the health care provider nor is there any information concerning the motivation of the patient to lose weight. These are integral components of a weight loss program according to the Michigan Quality Improvement Consortium. This request for [REDACTED] diet shakes is denied since it is not included as a recommendation by evidence based guidelines and the recommendations by the guideline have not been followed. Therefore the request is not medically necessary.

[REDACTED]: Upheld

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