

Case Number:	CM14-0118149		
Date Assigned:	08/06/2014	Date of Injury:	08/01/2008
Decision Date:	10/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 55 year-old female was reportedly injured on 8/1/2008. The most recent progress note, dated 7/1/2014, indicates that there are ongoing complaints of chronic neck pain. The physical examination demonstrated cervical spine: positive tenderness to palpation about the cervical spine, midline, and paraspinal muscles. Limited range of motion. Lumbar spine: positive tenderness to palpation midline appears finally with limited range of motion. No recent diagnostic studies are available for review. Previous treatment includes lumbar surgery, medications, aquatic therapy, acupuncture, psychotherapy, tens unit, nerve blocks, epidural steroid injections, radio frequency ablation and conservative treatment. A request had been made for [REDACTED] program, and was not certified in the pre-authorization process on 7/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One [REDACTED] program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Meta-analysis of the Efficacy of Weight Loss Programs, (Tsai and Wilson, 2005)

Decision rationale: Weight loss is a lifestyle issue that relates to calories consumed and calories expended. Counseling for diet and exercise as well as behavioral therapies are the mainstays of treatment of obesity. The injured employee should be monitored for several weeks for compliance and effectiveness of a self motivated weight loss program. However, weight loss is not medically necessary.