

Case Number:	CM14-0120608		
Date Assigned:	08/06/2014	Date of Injury:	11/01/2008
Decision Date:	10/06/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 62-year-old female with a date of injury of 11/1/2008. The patient was most recently seen on 6/9/2014 with a complaint of numbness in the left thumb, index and middle finger. A physician progress report dated 3/4/2014 indicates that the patient experiences significant right leg pain, requiring a cane. Examination revealed tenderness in the cervical midline and lumbar spinal midline musculature, antalgic gait, and limited range of motion along the cervical and lumbar spine. The patient has multiple medical diagnoses significant for lumbosacral and cervical discopathy. At that time, patient was prescribed FluriFlex and TGHOT, and weight loss counseling was recommended. The diagnosis is: Left carpal tunnel syndrome, right carpal tunnel syndrome s/p right carpal tunnel release with right distal forearm fascia release (1/22/2014), cervical spine strain, lumbar spine disc bulges, probable right and left knee internal derangement, lumbosacral and cervical discopathy. Treatment to date: Right carpal tunnel release (1/22/2014), occupational therapy, medications. Request: Consult with [REDACTED]. An adverse determination was received on 7/8/2014. The request was not certified due to lack of documentation as to why consult was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA

Decision rationale: Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. There is no documentation of the patient's BMI or comorbid conditions, in addition to insufficient documentation as to why the consult for [REDACTED] was requested. Therefore, the request is not medically necessary.