

Case Number:	CM14-0149449		
Date Assigned:	09/18/2014	Date of Injury:	01/19/2014
Decision Date:	11/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 52 year old with an injury date on 1/19/14. Patient complains of cervical pain rated 5/10, bilateral shouter pain rated 5-8/10, and lower back pain rated 6-/10 per 7/28/14 report. Patient is taking Tramadol which she states is helping, but is not attending any form of therapy per 7/28/14 report. Based on the 7/28/14 progress report provided, the diagnoses are: 1. C5-6 disc herniation syndrome with radiculopathy2. right shoulder impingement with tendinopathy/possible cuff repair3. left L4-5, L5-S1 disc herniation with radiculopathy4. left shoulder tendinopathyExam on 7/28/14 showed "C-spine range of motion limited with flexion at 25 degrees. L-spine range of motion limited with extension at 10 degrees." Provider is requesting 1 prescription of app trim #120 2 bottles for 2 months. The utilization review determination being challenged is dated 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of apptrim #120 2 bottles for 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.
Number: 0039

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, and lower back pain. The treater has asked for 1 prescription of app trim #120 2 bottles for 2 months. Patient is 5'0 and 209 pounds per 7/28/14 report. Apptrim appears to be a weight loss program with dietary supplement. According to Aetna Policy Bulletin, up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (as defined by body mass index (BMI) 30 kg/m²). Aetna does not cover nutritional support that is taken orally (i.e., by mouth), unless mandated by state law. Oral nutrition is not considered a medical item. In this case, the Apptrim weight loss program appears to be indicated, but the medical food included with the program is not indicated per Aetna policy bulletin. The request is not medically necessary and appropriate.