

Case Number:	CM15-0015477		
Date Assigned:	02/03/2015	Date of Injury:	11/13/2013
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 41 year old female who sustained an industrial injury on 11/13/2013. The current diagnoses include cervical spine sprain/strain with myofascitis, lumbar sprain/strain with myofascitis, and internal derangement-right knee. Treatments to date include medication management, physical therapy, and chiropractic treatments. Report dated 12/11/2014 noted that the injured worker presented with complaints that included neck, back, right knee pain, and headaches. Physical examination was positive for abnormal findings. The utilization review performed on 12/31/2014 non-certified a prescription for medical weight loss program based on documentation does not clearly identify a treatment log demonstrating failure of weight loss despite adherence to an independent program and gym membership for six months based on no clear rationale provided as to why the injured worker is unable to perform home exercise program or why the injured worker requires equipment for exercise. The reviewer referenced the Official Disability Guidelines and www.ncbi.nlm.nih.gov in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15630109>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight loss Treatment Guidelines from the Medical Letter, April 1, 2011, Issue 104, page 17: Diet, Drugs, and Surgeries for Weight Loss

Decision rationale: Diet and exercise are the preferred methods for losing weight, but are still associated with high long-term failure rates. Patients on a diet generally lose 5% of their body weight over the first 6 months, but by 12-24 months weight often return to baseline. The long-term ineffectiveness of weight-reduction diets may be due to compensatory changes in energy expenditure that oppose the maintenance of a lower body weight, as well as genetic and environmental factors. There are no recommendations for a medical weight loss program in the Chronic Pain Medical Treatment Guidelines or in the Official Disability Guidelines. In this case there is no documentation of the patient's body mass index (BMI) to determine presence of or level of obesity. The lack of information does not allow determination for medical necessity and safety. The request is not medically necessary.

Gym membership for six (6) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 47.

Decision rationale: Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. A recent study of the long term impact of aerobic exercise on musculoskeletal pain found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. Progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. Physical conditioning in chronic pain patients can have immediate and long-term benefits. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of

progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline. In this case there is no documentation that the exercises at the gym will be covered by a health professional. The request is not medically necessary.