

Case Number:	CM15-0113123		
Date Assigned:	06/19/2015	Date of Injury:	05/14/2009
Decision Date:	08/04/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 05/14/2009. She has reported injury to the neck, left shoulder, and low back. The diagnoses have included degenerative disc disease and spondylosis of the cervical spine at C6-7 associated with bilateral upper extremity radiculitis; a presumed left shoulder subacromial impingement syndrome associated with rotator cuff tendonitis and acromioclavicular joint arthritis; severe exogenous obesity; and facet spondylosis of the lumbar spine at L4-5 and L5-S1. Treatment to date has included medications and diagnostics. Medications have included Tylenol, Flexeril, Tramadol, Zoloft, and Norco. A progress note from the treating physician, dated 03/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant, severe neck pain with occasional bilateral arm pain that extends down to her hands, as well as numbness and tingling; occasional weakness in both of her hands; occasional left shoulder pain; and intermittent lower back pain with radiation of her pain down both of her legs to her calves. Objective findings included very mild tenderness in the cervical paraspinal muscles; mild to moderate tenderness over the nerve roots on both sides of the neck; decreased cervical spine range of motion; decreased left shoulder range of motion; mild tenderness to the dorsal aspect of the left distal clavicle and mild to moderate tenderness to the acromion process; mild plus tenderness inferior to the acromioclavicular joint; the rotational impingement test is mildly to moderately positive; the supraspinatus muscle demonstrates moderate grade 4 weakness; essentially normal lumbar range of motion; and there is no tenderness in the lumbar paraspinal

muscles or at the sacroiliac joints. The treatment plan has included the request for 3 month medical weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month medical weight loss program: 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 NIH, weight loss.

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 1. lower blood pressure. 2. lower elevated levels of total cholesterol, LDL and triglycerides. 3. lower elevated levels of blood glucose levels. 4. use BMI to estimate relative risk of disease. 5. follow BMI during weight loss. 6. measurement of waist circumference. 7. initial goal should be to reduce body weight by 10%. 8. weight loss should be 1-2 pounds per week for an initial period of 6 months. 9. low calorie diet with reduction of fats is recommended. 10. an individual diet that is helped to create a deficit of 500-1000 kcal/day should be used. 11. physical activity should be part of any weight loss program. 12. behavioral therapy is a useful adjunct when incorporated into treatment. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there are no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore, there is no way to see if the requested program meets NIH standards. Therefore, the request is not medically necessary.