

Case Number:	CM15-0126869		
Date Assigned:	07/13/2015	Date of Injury:	01/10/2012
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 60 year old female sustained an industrial injury to the neck and shoulder on 1/10/12. Previous treatment included physical therapy and medications. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 6/1/15, the injured worker complained of neck and right shoulder pain rated 5/10 on the visual analog scale. The injured worker also complained of headaches, muscle weakness, anxiety and insomnia. The injured worker reported that previously approved physical therapy sessions had expired. The injured worker had had difficulty scheduling due to her work schedule. Physical exam was remarkable for cervical spine with tenderness to palpation, hypertonicity and decreased and painful range of motion. Current diagnoses included myofascial pain, cervical disc disorder without myelopathy, chronic pain syndrome and shoulder pain. The treatment plan included discontinuing Zipsor, a prescription for Cymbalta, requesting authorization for topical compound cream and a 30-day trial gym membership to allow the injured worker to have access to gym equipment in order to perform exercise program taught in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss program: 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 Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039, last reviewed: 03/21/2014.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on the topic of medical weight loss programs. The Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs was referenced in regard to the request. This policy is supported by NHLBI Guidelines on Diagnosis and Management of Obesity. Aetna considers the following medically necessary treatment of obesity when criteria are met: 1. Weight reduction medications; and 2. Clinician supervision of weight reduction programs. The request does not contain documentation that the above criteria are met. Weight Loss Program is not medically necessary.