

Case Number:	CM15-0171313		
Date Assigned:	09/11/2015	Date of Injury:	12/16/2008
Decision Date:	10/15/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, New York, 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:

The applicant is a represented 40-year-old who has filed a claim for gastroesophageal reflux disease and sleep disturbance reportedly associated with an industrial injury of September 16, 2008. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for a BMI test/BMI calculation. A July 23, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On January 21, 2015, the applicant presented to follow up on issues with reflux, sleep disturbance, and diarrhea. The applicant was given refills of Dexilant, Gaviscon, probiotics, Bentyl, Synthroid, and Sentra AM, and Sentra PM. Permanent work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working at this point, although this did not appear to be the case. The applicant stood 5 feet 5 inches tall and weighed 168 pounds, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 body mass index (BMI) test (DOS: 07/23/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Obesity prevention and Management. Ann Arbor (MI): University of Michigan Health System; 2013 Jul. 14p. [22 references].

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Yes, the proposed BMI test/BMI calculation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 2, page 33, vital signs which can be covered and/or measured during an attending provider physical evaluation includes the applicant's height, weight, and by implication, the BMI in question here. The applicant had a history of obesity, it was reported on January 21, 2015, standing 5 feet 5 inches tall and weighing 168 pounds as of that date. Recalculating the applicant's height, weight, and BMI at issue, thus, was indicated. Therefore, the request is medically necessary.