

Case Number:	CM15-0040016		
Date Assigned:	03/10/2015	Date of Injury:	01/07/2014
Decision Date:	04/15/2015	UR Denial Date:	02/08/2015
Priority:	Standard	Application Received:	03/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53-year-old female sustained an industrial injury to the left knee and low back on 1/7/14. In a functional capacity evaluation dated 9/3/14, the injured worker's body mass index was 38. In a PR-2 dated 12/23/14, the injured worker complained of low back pain and left knee pain 6/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the lumbar spine and left knee. Current diagnoses included lumbar spine sprain/strain and left knee arthralgia. The physician recommended weight loss. The treatment plan included refilling medications and awaiting authorization for lumbar spine epidural steroid injection.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation GMS 40.5 - Treatment of Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

Decision rationale: Pursuant to Medline plus (see attached link), weight loss program is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the worker's working diagnoses are lumbosacral sprain/strain; and left knee sprain/strain. The documentation was December 23, 2014 from does not contain a height, weight or BMI. There is no documentation indicating prior weight loss measures that have been tried and failed. There is no mention of a weight loss program in the medical record and there were no limitations documented secondary present weight. Additionally, there is no documentation of a causal relationship between the work injury and the present weight in the record. Consequently, absent clinical documentation with prior weight loss measures and a clinical indication and rationale (in the absence of height, weight and BMI), a weight loss program is not medically necessary.

Refill Meds: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 - 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, a request to refill medications is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the worker's working diagnoses are lumbosacral sprain/strain; and left knee sprain/strain. The treatment plan in a December 23, 2014 progress note states "refill medications." There are no medications listed in the medical record. There are no medications to refill in the medication section. A thorough history is important in the clinical assessment and treatment planning for patients with chronic pain that includes a review of medical records. Consequently, absent clinical documentation with objective functional improvement, a detailed medication list, doses, detailed pain assessments (with opiates) and a risk assessment (with opiates), a request to refill medications not medically necessary.