

Case Number:	CM13-0005951		
Date Assigned:	06/06/2014	Date of Injury:	12/27/2002
Decision Date:	07/25/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who was injured on December 27, 2002. The patient continued to experience pain in her low back with radiation into her bilateral lower extremities. Physical examination was notable for tenderness to the lumbar spine and painful straight leg raise bilaterally. Diagnoses included post-laminotomy syndrome, prior narcotic dependency, and chronic pain syndrome. Treatment included spinal cord stimulator, medications, and surgery. Request for authorization for weight loss program was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENERAL - 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 Other Medical Treatment Guideline or Medical Evidence: Weight loss Treatment Guidelines from the Medical Letter, April 1, 2011, Issue 104, page 17: Diet, Drugs, and Surgeries for Weight Loss.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. 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 returns 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 Weight Watchers weight loss program in the Chronic Pain Medical Treatment Guidelines or in the Official Disability Guidelines. The lack of information does not allow determination for medical necessity and safety.