

Case Number:	CM13-0017691		
Date Assigned:	02/12/2014	Date of Injury:	01/17/2010
Decision Date:	04/22/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/28/2013

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 Family Medicine, and is licensed to practice in Utah. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 31 year old female. The patient's date of injury is 01/17/2010. The mechanism of injury is unclear, according to the clinical documents. The patient has been diagnosed with back pain with disc herniation. The patient's treatments have included physical therapy, medications, imaging studies. The patient had undergone multiple surgeries including facet repair, foramen repair and laminectomy. The patient has undergone multiple sessions of physical therapy. The physical exam findings show an increase in weight of at least 20 pounds. The patient notes numbness in the heel and back pain that radiates to the thigh, and pain with lifting the big toe. Muscle strength is noted at 2-3/5 in multiple areas. Medications include, but are not limited to, Oxycodone, Cymbalta, Neurotin, Percocet. The request is for a [REDACTED] program x 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **PROGRAM FOR 6 MONTHS:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical disability advisor. by Presley, Reed, MD Obesity and 9792.21

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical disability advisor, chapter obesity.

Decision rationale: MTUS treatment guidelines do not specifically talk about weight loss program x 6 months. Therefore, other guidelines were used in this review to this specific case, and the clinical documents were reviewed. The Medical Disability Guidelines were used. While calorie restriction is recommended, and encouraged, there is no specific guideline for weight loss programs. Therefore, a specific program is not recommended. It is unclear at this time why the patient is unable to do this on her own. According to the clinical documentation provided and current guidelines; a [REDACTED] Program is not indicated as a medical necessity to the patient at this time.