

Case Number:	CM13-0018299		
Date Assigned:	12/11/2013	Date of Injury:	10/22/2012
Decision Date:	02/05/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 61-year-old male with a date of injury from 10/22/2012. The request for a weight reduction program was denied per utilization review letter on 08/02/2013 with the rationale that although weight loss may improve the claimant's overall health or even a specific compensable condition, such programs are not considered to be clinical interventions. Medical progress reports are reviewed from 03/19/2013 to 08/10/2013. The 07/29/13 report by [REDACTED] lists a diagnosis of lumbosacral sprain/strain, L3-L4 disk bulges. Under treatment recommendation, the patient was pending a referral to [REDACTED] for a weight loss program. The patient's subjective complaints were lumbosacral pain, activity dependent increased by sudden motion, decreased by rest and pain medications. A chiropractic treater's report from 06/10/2013 shows subjective complaints of constant severe 7/10 to 8/10 low back pain with radiation down the right leg. List of diagnoses include lumbar strain, muscle spasm, disk protrusion per MRI, loss of sleep and psych component.

IMR ISSUES, DECISIONS AND RATIONALES

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

One weight reduction program for symptoms related to the lumbar spine as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [http://www.acoempracguides.org/Chronic Pain; Table 2. Summary of Recommendations, Chronic Pain Disorders](http://www.acoempracguides.org/Chronic%20Pain;Table%20Summary%20of%20Recommendations,Chronic%20Pain%20Disorders).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 491.

Decision rationale: The MTUS, ACOEM, and Official Disability Guidelines do not discuss weight loss programs for treatments of chronic low back pain. The ACOEM Guidelines on page 491 state "evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making." There is currently a lack of evidence-based support for weight programs and chronic low back pain management. Consequently, the request for one weight reduction program for symptoms related to the lumbar spine as an outpatient is not medically necessary and appropriate.