

Case Number:	CM13-0024086		
Date Assigned:	11/20/2013	Date of Injury:	05/07/1997
Decision Date:	01/14/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/13/2013

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 Occupational Medicine 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 55-year-old female, with date of injury of 5/7/1997. She is under treatment for chronic pain resulting from injury to the lumbar spine, which has required multiple surgical intervention and implantation of an intrathecal morphine pump. Current diagnoses include on intractable pain failed back syndrome with continued severe lumbar pain, lumbar radiculopathy, chronic medication and depression. She continues to complain of severe lumbar pain and spasm in the back and pain radiating to both lower extremities. Blood pressure was 147/78 on her 7/30/13 visit. Report from 8/1/2013 indicates the patient has lost 100 pounds at Lindora to date and currently weighs 244 pounds. The weight loss program was requested on the 8/1/2013 report of the psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 Lindora weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN), Management of obesity. A national clinical guideline. Edinburgh (Scotland); 2010 Feb. page 96..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Weight Loss..

Decision rationale: CA MTUS does not address weight loss regarding low back disorders. Other guidelines were sought. National Guideline Clearinghouse uses ACOEM 2007 and recommends weight loss for prevention of LBP. However, there is no specific method for weight loss given. The patient has been diagnosed with morbid obesity. She has taken back which required an implantable morphine pump and is still not functionally walking. She has lost weight, and would benefit from further weight loss. However, guidelines do not recommend a specific brand of weight loss program, except for exercise programs and dietary changes. Therefore, as guidelines do not recommend specific weight loss programs, the request for Lindora weight loss is not medically necessary.