

<b>Case Number:</b>	CM13-0026724		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Family Practice 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 62-year-old female who reported an injury on 02/23/2012. The mechanism of injury was a forklift pinned the patient against a line. The clinical documentation submitted for review dated 04/25/2013 stated the patient complained of pain to her low back. The patient was treated with medication, physical therapy, epidural injections x 1, and chiropractic care. The patient received an MRI that showed arthritic and disc abnormalities throughout the entire lumbar spine. The patient continued to complain of intermittent muscle spasms that occur three to four times a week precipitated by certain movements. The clinical documentation stated she has no clear limitations of her ability to lift, bend, push, pull or carry. The patient reported the symptoms may increase with prolonged sitting. Broad-based disc herniation of the lumbosacral level, and to a lesser degree at the L4-5 level, causing no more than mild narrowing of the central canal and neural foramina. Similar changes noted more so to the left, with annular fissuring of the L3-4 disc, with bulging of the L2-3 disc and mild bulging of the L1-2 disc, with mildly osteoporotic vertebral bodies, mild generalized facet arthropathy. There is some degree of minimal retrolisthesis of L2 over L3 and minimal anterolisthesis of L4 over L5. The patient was recommended a gym membership and a weight loss program.

### 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 ODG Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://jama.jamanetwork.com/article.aspx?articleid=181605>;  
<http://ajcn.nutrition.org/content/82/1/222S.full>

**Decision rationale:** CA MTUS, ACOEM nor ODG address the submitted request. Although studies show that weight loss and exercise lead to overall better health, the clinical documentation submitted for review does not show that the patient has attempted a personal diet modification for weight loss. As such, the request is non-certified.

**gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** CA MTUS does recommend exercise. The guidelines state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. As the clinical documentation submitted for review does not show the need for a particular exercise program, the submitted request is non-certified.