

Case Number:	CM13-0029617		
Date Assigned:	02/05/2014	Date of Injury:	06/10/2005
Decision Date:	06/30/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/25/2013

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 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 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:

This is a 46-year-old male who has reported mental illness and low back pain after an injury on 06/10/2005. The diagnoses have included depression and lumbar spondylosis. Some reports refer to comorbid obesity. Per the treating physician reports of 6/17/13 and 7/22/2013, there are gastrointestinal symptoms, depression, and back pain. He was using a spinal cord stimulator. Range of motion was limited. No specific surgical pathology was mentioned. Weight was 239 pounds. The treatment plan included medications, a weight reduction program, a spine consultation, and "temporarily totally disabled" work status. No details were given for any of the treatment items. Per the report of 9/9/13, the injured worker has been in the [REDACTED] weight loss program since April, and has lost 20 pounds. Current weight is stated to be 227. The treatment plan is largely unchanged. On 09/05/2013 Utilization Review non-certified the weight loss program, noting the lack of sufficient evidence of prior weight loss attempts using established modalities. The spine referral was not certified based on prior determinations of non-surgical status. The MTUS and the Official Disability Guidelines were cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT REDUCTION 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: UpToDate, Obesity in adults: Overview of management.

Decision rationale: The MTUS does not provide direction for weight loss programs or obesity treatment. Per the UpToDate reference, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UpToDate guideline lists several obesity management protocols from major national medical organizations. The treating physician has not provided sufficient information regarding this injured worker's body mass index, prior treatment for obesity, specific details of any proposed obesity treatment, goals for treatment, and duration of any proposed treatment. The proposed weight loss program is not medically necessary due to lack of sufficient details of the program, including specific goals and duration.

SPINE CONSULTATION WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The treating physician has not provided the specific indications for spine surgery, per the criteria in the MTUS. He has not described any specific and objective surgical pathology in his recent reports. The MTUS recommends surgical consultation for patients who have clear signs and symptoms of a specific lesion that is established to respond well to surgery in the short and long term. The injured worker has apparently had surgical evaluations previously (per the Utilization Review report), with recommendations against spine surgery. The referral is not medically necessary as the treating physician has not provided sufficient evidence of surgical pathology.