

Case Number:	CM13-0033628		
Date Assigned:	07/18/2014	Date of Injury:	09/19/2012
Decision Date:	08/15/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 49-year-old male with a reported date of injury on 09/19/2012. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include degenerative cervical disc disease, cervical spondylosis without myelopathy, brachial neuritis/radiculitis, degenerative lumbar lumbosacral disc disease, lumbosacral spondylosis, thoracic lumbar neuritis radiculitis, acquired spondylolisthesis, and obesity. His previous treatments were noted to include medications. The progress note dated 06/09/2014 revealed the injured worker complained of constant neck stiffness and occasional moderate pain which radiated to the shoulders and associated with some numbness and tingling in both of his arms as well as both of his hands. The injured worker stated he had been having cramping to both of his hands, mainly at night. The injured worker complained of moderate low back pain that radiated to his buttocks and down both of his legs associated with numbness and tingling of both legs. The injured worker reported he also continued to have some tightness as well as weakness and giving way of both of his legs. The injured worker reported cramping in his calves and hamstrings. The injured worker reported he had exercised minimally since his last evaluation due to his pain and his weight had been stable since his last appointment. The injured worker's weight was noted to be 307 pounds. The physical examination of the cervical spine noted the range of motion was restricted with flexion of 30 degrees, extension of 20 degrees, rotation of 35 degrees, and lateral bending of 15 degrees. The palpation about the neck showed moderate plus tenderness over the cervical spinous process, mainly at the base of the neck. There was moderate tenderness of the paraspinal muscles at the base of the neck. There was mild to moderate tenderness in the trapezius muscles. There was very mild tenderness over the nerve roots on both sides of the neck. The upper extremity reflexes were unobtainable at the biceps, triceps, and brachioradialis. Motor strength testing in the upper extremities demonstrated 5/5 bilaterally

without any neurological deficits identified. The physical examination of the lumbar spine noted the range of motion to be restricted with flexion of 35 degrees, extension of 10 degrees, rotation of 50 degrees, and lateral bending of 5 degrees. There was moderate to severe tenderness over the spinous processes, mainly at the lumbosacral junction, right paraspinal muscles, left paraspinal muscles, mainly near the sacroiliac joints, and at the right sacroiliac joint with moderate plus tenderness over the left sacroiliac joint. The deep tendon reflexes were unobtainable at the ankles and trace positive symmetrical at the knees. The motor strength testing in the lower extremities demonstrated 5/5 without any neurological deficits identified. The straight leg raise test in the same position was done to approximately 50 degrees bilaterally with significant lower back pain and marked bilateral leg pain which appeared radicular in nature. The request for authorization form dated 09/09/2013 was for a weight loss program such as [REDACTED] or [REDACTED] for exogenous obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS PROGRAM SUCH AS [REDACTED] OR [REDACTED]: 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: Lawrence J. Appel, M.D.(2011), Comparative Effectiveness of Weight-Loss Interventions in Clinical Practice. The New England Journal of Medicine, 365(21), pages 1959.

Decision rationale: The request for a weight loss program such as [REDACTED] or [REDACTED] is not medically necessary. The injured worker has attempted unsuccessfully to lose weight on his own. In a study authored by Appel, et al, it was noted, in two behavioral interventions, one delivered with in-person support and the other delivered remotely, without face-to-face contact between participants and weight-loss coaches, obese patients achieved and sustained clinically significant weight loss over a period of 24 months. The injured worker has a weight problem; however, it is not clear why he could not continue with his home exercise program and diet. Medical necessity is not established for a weight loss program such as [REDACTED] or [REDACTED].