

Case Number:	CM13-0033946		
Date Assigned:	12/06/2013	Date of Injury:	03/28/2008
Decision Date:	03/03/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported an injury on 03/28/2008 due to cumulative trauma while performing normal job duties which ultimately resulted in a chronic low back injury. Prior treatments included aqua therapy and a weight loss program in preparation for surgical intervention. The clinical documentation submitted for review does indicate that, in 03/2013, the patient would need to lose approximately 60 pounds to 70 pounds prior to surgical intervention. It is noted in 09/2013 that the patient continued to need to lose approximately 50 pounds to 60 pounds. It was reported that the patient had only lost approximately 20 pounds after a full course of a weight loss management program. The patient's diagnoses included lumbar disc disorder with myelopathy, sprains and strains of the lumbar region, lumbago, thoracic or lumbosacral neuritis or radiculitis, and obesity. The patient's treatment plan consisted of continuation of aquatic therapy and the supervised 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 with [REDACTED] X 10 additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications

Decision rationale: The Weight Loss Program with [REDACTED] X 10 additional sessions is not medically necessary or appropriate. The clinical documentation submitted for review does not provide significant evidence of weight reduction as a result of the patient's weight loss program. Official Disability Guidelines recommend patients self manage nutritional dietary restrictions and an exercise program. The clinical documentation submitted for review does not provide any evidence that the patient has been transitioned into a self managed program. As the clinical documentation does not support that the patient has had significant weight loss as a result of the previous enrollment in the weight loss program with Lindora, additional treatment would not be indicated. As such, the Weight Loss Program with [REDACTED] X 10 additional sessions is not medically necessary or appropriate.