

Case Number:	CM13-0033974		
Date Assigned:	12/06/2013	Date of Injury:	04/08/2012
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
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 Family Practice, and is licensed to practice in Texas 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 35-year-old female who reported an injury on 04/08/2012. The mechanism of injury was not stated. A clinical note dated 06/14/2013 signed by [REDACTED] reported the patient had been experiencing pain in her back with occasional radiation of pain to the lower extremity. She is reported to continue to feel discomfort daily, especially with activities, bending forward, and lifting objects. She also noted prolonged sitting exacerbated her pain. There was no paresthesia, numbness, or tingling and she denied weakness in the lower extremities. She is reported to have gained 25 pounds over the period of time since her injury as her activity level had been limited. She is noted to have participated in physical therapy. She was reported to be taking Cymbalta for depression. On 07/26/2013 the patient is noted to have had tenderness to palpation in the lumbar region, facet loading with positive on the left and right, her lower extremity strength was 5/5, sensation was intact to light touch and pinprick, deep tendon reflexes were reported to be diminished at 2/4, and straight leg raises were negative. The patient is reported to have multilevel disc protrusions and annular tear at L4-5 and severe protruding disc at L5-S1 causing moderate spinal canal stenosis. She was recommended to undergo a weight loss program due to her over 25 pound weight gain because of decreased activity levels due to pain.

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 CMS 40.5 - Treatment of Obesity (Rev. 54, Issued 04-28-06; Effective 02-21-06, Implementation 05-30-06 Carrier/10-02-06 FD).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Preventive Services Task Force. Screening for and management of obesity in adults: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012 Sep 4; 157(5):373-8.
<http://www.guideline.gov/content.aspx?id=37710&search=weight+loss#Sectio>

Decision rationale: The patient is a 35-year-old female who reported an injury on 04/08/2012 to her low back. She is reported to complain of ongoing intermittent low back pain with interment radiation to her lower extremities. She reported continuing to feel pain daily which increased with activity, prolonged sitting and bending forward. She is reported to have been taking Cymbalta for her depression and is noted to have gained over 25 pounds since her date of injury. The California MTUS/ACOEM/ Official Disability Guidelines do not address the request for weight loss programs. The U.S. Preventative Task Force for Screening for Management of Obesity in Adults Recommendations Statement indicates that for patients with a body mass index (BMI) of 35 or greater, a multidisciplinary weight loss program is indicated for 12 to 26 sessions. A description of the Lenora program describing it as multidisciplinary providing multiple behavioral management activities and instruction in diet, physical activity sessions was not provided and the number of sessions requested was not provided. In addition, there is no documentation of the patient's current weight or height or BMI. As such the need for a weight loss program cannot be established.