

Case Number:	CM13-0034075		
Date Assigned:	03/19/2014	Date of Injury:	08/19/2011
Decision Date:	05/08/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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 38-year-old female who reported an injury on August 19, 2011 after she was lifting a client from a wheelchair and experienced a sudden onset of low back pain. Treatment history has included epidural steroid injections, chiropractic care, physical therapy, multiple medications and activity modifications. The injured worker was evaluated on July 10, 2013; the injured worker had continued low back pain that radiated into the right lower extremity. Physical findings included tenderness to palpation to the facet joints and paraspinal musculature with restricted range of motion secondary to pain. The injured worker's diagnoses included degenerative disc disease. The injured worker's treatment plan included consideration of an intradiscal ablation and disc replacement versus fusion. A request was made for a six (6) month membership at [REDACTED] for physician assisted weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTH MEMBERSHIP AT [REDACTED] FOR PHYSICIAN ASSISTED WEIGHT LOSS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, GYM MEMBERSHIP AND WEIGHT LOSS, ORTHOPEDIC REFERRAL, PAGES 127, 92

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 MODIFICATIONS

Decision rationale: The California MTUS guidelines do not address weight loss programs. The Official Disability Guidelines recommend supervised weight loss programs for patients who have failed to progress through a self-managed and self-directed weight loss program. The clinical documentation submitted for review does not provide any evidence that the injured worker has attempted to lose weight on her own and requires supervised medical management during a weight loss program. Therefore, the medical necessity of the request is not supported. As such, the requested six (6) month membership at [REDACTED] for physician assisted weight loss is not medically necessary or appropriate.