

Case Number:	CM13-0041767		
Date Assigned:	12/20/2013	Date of Injury:	01/08/1996
Decision Date:	06/02/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Interventional Spine 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:

The patient is a 49 year old male with an injury date of 01/08/96. There were no treatment reports given from the requesting provider, [REDACTED]. Based on the 10/07/13 utilization review letter, the patient "Complains of back pain that radiates toward the whole back and towards the left side of the abdominal area, bilateral legs above the knee. Patient is stable on current medications. He has gained 70 pounds and is unable to lose the weight independently." The patient had a lumbar MRI on 09/16/13 which noted the following: L5 left laminectomy, L5-S1 small disc bulge, stenosis, mild joint hypertrophy, L4-L5 abbykar fissure, disc protrusion, hypertrophy, L3-4 mild bulging on right mild facet joint hypertrophy, L2-3 disc bulging, facet joint hypertrophy and L1-2 mild facet joint hypertrophy is requesting for an outpatient consultation with weight loss specialist for weight management. The utilization review determination challenged is dated 10/07/13 and recommends denial of the consultation with weight loss specialist for weight management.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CONSULTATION WITH WEIGHT LOSS SPECIALIST FOR WEIGHT MANAGEMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION (2004), , 127

Decision rationale: According to the 10/07/13 utilization review letter, the patient presents with back pain that radiates toward the whole back and towards the left side of the abdominal area, bilateral legs above the knee. The patient has gained 70 pounds and is unable to lose the weight independently. The request is for an outpatient consultation with weight loss specialist for weight management. ACOEM page 127 states "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM supports specialty consultation and the patient should be allowed a consultation for weight management to address the patient's weight issues. Recommendation is for authorization.