

Case Number:	CM13-0043662		
Date Assigned:	12/27/2013	Date of Injury:	12/09/2010
Decision Date:	02/21/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/25/2013

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 12/09/2010. The patient is diagnosed with lumbar spine sprain and strain, facet osteoarthritis, and right hip sprain and strain. The patient was seen by [REDACTED] on 08/19/2013. The patient reported ongoing lower back pain with radiation to bilateral lower extremities. Physical examination revealed tenderness to palpation of the right SI joint, positive straight leg raising, positive Faber's and Gaenslen's testing, decreased sensation, and decreased range of motion. Treatment recommendations included continuation of current medications and a supervised weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised weight loss program with Lindora for 10 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Diet Assoc, 2007 Oct; 107(10): 1755-67. Weight loss outcomes: a systematic review and meta-analysis of weight loss clinical trials with a minimum of 1 year follow up. Franz MJ, VanWomer JJ, Crain AL, et al.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: California MTUS Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self-management is the long-term goal of all forms of functional restoration. The principles of functional restoration apply to all conditions in general, and are not limited to injuries or pain. As per the clinical documentation submitted, there is no indication that this patient has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.