

Case Number:	CM13-0046827		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2012
Decision Date:	02/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery, 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 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 claimant is a 31-year-old female who was injured in a work related accident on 04/09/12, injuring her low back. The clinical records indicate that the claimant has been treated conservatively with physical therapy, medication management, activity restrictions, and work modifications. An MRI (magnetic resonance imaging) scan showed an L4-5 disc protrusion with moderate spinal stenosis. A recent clinical assessment of 09/17/13 indicated ongoing low back complaints stating therapy has been "helpful." It stated that the claimant was concerned about weight gain; she was now greater than 220 pounds. Physical examination showed tenderness to palpation and no neurologic deficits. There were recommendations for a [REDACTED] weight loss program for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other medical guidelines: Tsai, A. G., & Wadden, T. A., (2005). Evaluation of the major commercial weight loss program. *Annals of internal medicine*, 142, pgs. 1-42, and Mangwani, J., Giles, C., Mullins, M., Salih, T., & Natali, C., (2009). Obesity and recovery fro

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Based on the California MTUS/ACOEM guidelines, a weight loss reduction program would not be indicated. Personal risk factor modifiers such as weight loss programs are noted to be individual decisions, not necessarily related to the claimant's clinical work related injury or ultimate care thereof. The records would not indicate the specific need for a weight loss reduction program given the claimant's current clinical presentation. The records do not indicate failed prior attempts at weight loss from a therapeutic exercise or diet standpoint. The specific request would not be indicated.