

Case Number:	CM13-0055987		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2013
Decision Date:	05/22/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/21/2013

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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for lumbar sprain/strain associated with an industrial injury date of June 4, 2008. Treatment to date has included oral analgesics, muscle relaxants, physical therapy, and acupuncture. The utilization review dated October 22, 2013, denied the request for weight loss program due to lack of evidence-based guidelines demonstrating that the requested Lindora weight loss program is efficacious in the treatment of the patient's medical condition. Medical records from 2013 were reviewed and showed significant low back pain, which radiated to both lower extremities with numbness, weakness, and a burning sensation. The pain interferes with bending, stooping, squatting and prolonged standing and walking. A physical examination showed spasm, tenderness and guarding in the paravertebral lumbar musculature with decrease range of motion. Sensation was decreased over the L5 dermatomes bilaterally. The gait was antalgic and there was weakness with toe and heel walking bilaterally. The patient weighs 317 pounds and measures 5 feet and 8 inches in height; with computed body mass index of 48.2. A progress report dated September 5, 2013 stated that the patient needs to lose a significant weight of at least 150 pounds in order to achieve the ideal weight for his height to reduce the pressure on the low back. A lumbar spine surgery was contemplated; however the patient is morbidly obese and needs to lose at least 150 pounds before undergoing the contemplated procedure. Laparoscopic gastric banding was then suggested; however was denied due to the absence of failure with a commercial diet. [REDACTED] weight loss program was suggested.

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA CLINICAL POLICY BULLETIN NO. 0039 WEIGHT REDUCTION MEDICATIONS AND PROGRAMS

Decision rationale: Based on the Aetna Clinical Policy Bulletin no. 0039, the criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a body mass index (BMI) greater than or equal to thirty (30), or those individuals with a BMI greater than or equal to twenty-seven (27), with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes, who have failed to lose at least one (1) pound a week for at least six (6) months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient's weight is noted to have a significant contribution in the patient's clinical problems, having a body mass index of 48.2. However, there has been no discussion concerning lifestyle modifications the patient has attempted. There were no indications that the patient has other comorbid diseases which would necessitate a physician supervised weight loss program. Therefore, the request for weight loss program is not medically necessary.