

Case Number:	CM13-0057745		
Date Assigned:	12/30/2013	Date of Injury:	02/08/2012
Decision Date:	04/10/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation 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 patient is a 48-year-old male who reported an injury on 02/08/2012 due to cumulative trauma while performing normal job duties. The patient's treatment history has included medications, activity modifications, physical therapy, chiropractic care, and epidural steroid injections. The patient's most recent clinical documentation noted that the patient had restricted range of motion in all planes secondary to pain with a positive straight leg raising test bilaterally. The patient's height was listed as 5 foot 8 inches with a weight of 266 pounds falling within the morbidly obese category. Request for a weight loss program was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

A WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetic Chapter, Lifestyle Modifications.

Decision rationale: Official Disability Guidelines do support exercise and nutritional management as part of a weight loss program. However, there is no documentation that the

patient has failed to progress through a self managed and self-directed weight loss program and would respond to a supervised more structured weight loss program setting. Additionally, the request as it is written does not clearly define a duration or frequency or treatment. Therefore, the appropriateness of this request cannot be determined. As such, the requested weight loss program is not medically necessary or appropriate.