

Case Number:	CM13-0058789		
Date Assigned:	03/03/2014	Date of Injury:	02/20/2006
Decision Date:	07/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 Family Practice and is licensed to practice in Mississippi and 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 injured worker is a 39-year-old male who reported an injury on 02/20/2006. The mechanism of injury is not provided within the documentation. The injured worker had a clinical evaluation followup on 11/01/2013. The Primary Treating Physician's Progress Report indicates the injured worker with chief complaint of low back pain, radiating pain to the left lower extremity, occasional radiating to right lower extremity. The injured worker reported that this past week was better for him with less pain. He stated that medication helps control his pain and helps him to function. The injured worker's patient profile indicates his height is 85 inches. His weight is 318 pounds. This gives the injured worker a body mass index of 31.06. At the time of assessment, the injured worker had a heart rate of 78 beats per minute, respirations 18 per minute, and blood pressure while sitting was 132/79 in the right arm. The injured worker has a past medical history of hypothyroidism. Noted in the physical exam is a general appearance of an injured worker who is well-nourished, well-hydrated, and in no acute distress. The diagnosis provided at the time of assessment included chronic pain, lumbar radiculopathy to the left side, and failed back surgery syndrome. The treatment plan includes continuing with conservative treatment including home exercise program, stretches. Goals for the patient include improving self-care, increasing recreational activities, increasing social activities, and increasing physical activities. A request for a gym membership for 6 months at the athletic club is included with the treatment plan. A request for authorization of medical treatment is included and dated 10/28/2013. The documentation does not provide a rationale for the request for a weight loss program.

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 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 Other Medical Treatment Guideline or Medical Evidence: Tsai, A. G., & Wadden, T. A. (2005). Systematic review: an evaluation of major commercial weight loss programs in the United States. *Annals of internal medicine*, 142(1), 56-66.

Decision rationale: The California MTUS and ACOEM and the Official Disability Guidelines do not address weight loss programs. The cited evaluation notes supporting the use of specialized weight loss programs suboptimal. There is no indication that the injured worker has failed to lose weight with a self-directed diet and exercise program. Furthermore, there is no indication in the documentation provided of the duration or plan to evaluate the program for efficacy. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.