

Case Number:	CM13-0059654		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2009
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 injured worker is a 47-year-old male who reported an injury on 07/17/2009. The mechanism of injury was not stated. Current diagnoses include lumbar postlaminectomy syndrome, status post lumbar interbody fusion in 2010, right lower extremity radiculopathy, reactive depression/anxiety, history of left chip avulsion fracture of the left ankle, neurogenic bladder, obesity, left knee infection, and right femur status post ORIF in 2013. The injured worker was evaluated on 08/16/2013. The injured worker reported improvement in symptoms and function following a lumbar epidural steroid injection. The injured worker has been recommended for further surgical intervention to the lumbar spine. Physical examination revealed tenderness to palpation of the lumbar spine, numerous trigger points, guarding with range of motion, positive straight leg raising, and decreased sensation. Treatment recommendations at that time included additional sessions of a [REDACTED] weight loss program.

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 Clinical Policy Bulletin: Weight Reduction Medications and Programs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain 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. As per the documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for an additional course of a supervised weight loss program. The medical necessity has not been established. Therefore, the request is not medically necessary and appropriate.