

Case Number:	CM13-0063277		
Date Assigned:	12/30/2013	Date of Injury:	11/05/2003
Decision Date:	04/11/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 claimant is a 52-year-old gentleman who was injured in work related accident on 11/05/03 and currently has a diagnosis of failed back syndrome. The most recent clinical assessment by [REDACTED] pertaining to the claimant's low back on 10/28/13 documented that the claimant was status post an L5-S1 fusion with continued complaints of pain. Treatment following the fusion included a spinal cord stimulator placement and intrathecal morphine pump placement. A secondary underlying diagnosis of a CVA with residual hemiparesis was noted. The treating physician described a hypermobile state secondary to the claimant's low back complaints and weight gain. A medical weight loss program was recommended noting that different diet plans had been unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR A LINDORA WEIGHT LOSS PROGRAM: Upheld

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

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

Decision rationale: Based on California MTUS ACOEM 2004 Guidelines, a medical weight loss program would not be indicated. Weight loss in addition to other lifestyle modifying factors is considered lifestyle issue. There is no literature to support that a Lindora Weight Loss Program would be any more successful or beneficial for the claimant than the diet plans the claimant has already utilized and has been unsuccessful with. At present, there would be no current clinical indication for use of a Lindora Weight Loss Program in the work related injury setting for this worker at present.