

Case Number:	CM13-0063367		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2011
Decision Date:	06/27/2014	UR Denial Date:	11/26/2013
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 Physical Medicine and Rehabilitation, 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 injured worker is a 43-year-old male with a reported date of injury on January 27, 2011. The mechanism of injury was reportedly caused by a motor vehicle accident. The injured worker presented with ongoing low back pain and "tiredness" in the right hip. The injured worker has a history of epidural steroid injections 1.5 years ago, that helped for approximately three days. The MRI of the lumbar spine from 2013 revealed compression fracture of L1, L5-S1 anterolisthesis with bilateral spondylosis, and degenerative disc disease at L3-S1. The physician indicated the injured worker participated in an exercise program. According to the Functional Capacity Evaluation dated September 16, 2013, the injured worker's lumbar range of motion revealed flexion to 60 degrees, extension to 25 degrees, and lumbar left and right lateral rotation to 25 degrees. The documentation dated November 27, 2013, indicated the injured worker's pain was rated at 1/10. The physician noted that the injured worker did not appear to have any current limitations in regard to current job description. The Request for Authorization for [REDACTED] 3 month trial program was submitted, but not dated or signed. The clinical note dated September 23, 2013, indicated that the physician recommended a weight reduction program so the injured worker could eliminate obesity and function at the required employment requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **THREE MONTH TRIAL 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: Kelley is Merck Sharp and Dohme Corporation, Rahway, NJ, (2013) Effect of Physical Activity on Weight Loss, Energy Expenditure, and Energy Intake During Diet Induced Weight Loss. Obesity, Vol. 22, pages 236-370.

Decision rationale: The article in the Obesity research Journal, stated that objective measurements of physical activity, energy expenditure and energy intake can provide valuable information regarding appropriate strategies for successful sustained weight loss. Increased physical activity was associated with greater adherence to energy restriction and maintenance of greater weight loss. According to the Functional Capacity Evaluation dated September 16, 2013, the injured worker did not appear to have any current limitations in regards to his current employment expectations. In addition, the clinical note dated November 7, 2013 the injured rated his pain as 1/10. The clinical information provided for review lacks documentation of functional deficits related to weight. The physician had recommended a weight reduction program so the injured worker could eliminate obesity and function at required levels of employment. The request fails to relate the obesity to the injured worker's functional deficits. The Functional capacity evaluation demonstrated that the injured worker was capable of returning to full employment expectations. In addition, the request fails to provide functional goals as it relates to weight loss. The request for [REDACTED] three month trial program is not medically necessary or appropriate.