MAXIMUS Federal Services

Case Number:	CM13-0063852		
Date Assigned:	12/30/2013	Date of Injury:	07/11/2007
Decision Date:	04/18/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee pain, foot pain, low back pain, and ankle pain reportedly associated with an industrial injury of July 11, 2007. Thus far, he has been treated with following: Analgesic medications, attorney representation; at least one prior epidural steroid injection; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 16, 2013, the claims administrator reportedly denied a weight loss program, stating that the literature did not support formal weight loss programs. The applicant's attorney subsequently appealed. A clinical progress note of October 4, 2013 is notable for comments that the applicant has persistent low back pain issues. It is stated that the applicant needs to lose at least 30 to 40 pounds so that he can fit into a closed magnetic resonance imaging (MRI) machine. The applicant continues to have low back pain radiating to legs. He is described as morbidly obese; however, his height, weight, and body mass index are not described. A weight loss program, tramadol, Naprosyn, and total temporary disability are endorsed. On November 15, 2013, it is again stated that the applicant needs to lose 40 to 50 pounds. He is again described as morbidly obese. No height, weight, or body mass index is measured, however. He is again placed off of work. He is described both by his orthopedic spine surgeon and by a psychologist as off of work from both medical and mental health perspectives. In a medical-legal evaluation of May 6, 2013, the applicant was described as standing 5 feet 6 inches tall and weighing 297 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

52 WEEKS FOR THE LUMBAR SPINE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ncbi.nlm.nib.gov/pubmed/1790436

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy: Weight Reduction Medications and Programs

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the topic. However, as noted in California Medical Treatment Utilization Schedule (MTUS) 9792.20j, nationally recognized guidelines disseminated, developed, and endorsed by a national organization with affiliates in two or states can be employed when the California Medical Treatment Utilization Schedule (MTUS) does not address the topic. In this case, is a national organization with affiliates in multiple states. notes that weight loss programs are considered medically necessary in applicants who have a body mass index greater than or equal to 30 who try and failed to lose weight by at least one pound of weight per week after six weeks of conventional dieting, increased physical activity, and behavioral therapy. In this case, however, it is not clearly stated what (if any) conventional methods the applicant took to try and lose weight of his own accord. The applicant's height and body mass index were never clearly documented by the requesting provider. It is not clearly stated whether the applicant has gained or lost weight since the earlier medical legal evaluation of May 6, 2013, at which point he was described as weighing 297 pounds. Therefore, the request is not certified, owing to lack of supporting documentation and lack of evidence that the applicant has in fact tried and failed to lose weight of his own accord.