MAXIMUS Federal Services

Case Number:	CM13-0066077		
Date Assigned:	01/03/2014	Date of Injury:	01/30/2012
Decision Date:	06/04/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Internal 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 patient is an employee of [redacted] and has submitted a claim for lumbar herniated nucleus pulposus, lumbar sprain/strain, and radiculopathy associated with an industrial injury date of 01/30/2012. Treatment to date has included massage therapy, decompression therapy, physical therapy, and medications including Flexeril, Motrin, and Pepcid. The medical records from 2013 were reviewed showing that patient complained of low back pain radiating from the left buttock to the ankle / foot region graded as 9/10 in severity resulting to nighttime awakening. Pain was associated with paresthesia and weakness of left leg resulting to difficulty in ambulation. Physical examination showed paravertebral muscle spasm. Lumbar range of motion was decreased on all planes.. Motor strength was 4/5 at S1 myotome, left. Achilles reflex was diminished. Sensation was decreased at S1 dermatome, left. MRI of the lumbar spine, dated 10/22/2013, revealed slight lumbar hyperlordosis and scoliosis; 3-4mm left foraminal disc protrusion at L3-4 with moderate left foraminal stenosis; 3mm right foraminal disc protrusion at L4-5 with moderate right foraminal narrowing; and 3.5mm disc protrusion accentuated to the left at L5-S1 with mild central and proximal left foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/date/1_99/0039.html.

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

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not address this issue. As stated in Aetna Clinical Policy Bulletin on Weight Reduction Medications and Programs, clinical supervision of weight reduction programs up to a combined limit of 26 individual or group visits per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (BMI â¿¥ 30 kg/m2). In this case, as stated in a note dated 08/20/2013, patient stands 5'7" tall, weighs 200 lbs, thus, with body mass index of 31.3 kg/m2. Although the patient meets the guideline criteria, there is no scientific evidence that the industrial accident contributed to his weight gain because there is no previous weight data for comparison. Furthermore, there is no documentation stating that patient had already tried other weight loss methods, such as dietary modification and exercise routines. Therefore, the request for outpatient weight loss program is not medically necessary and appropriate.