

Case Number:	CM13-0069392		
Date Assigned:	01/03/2014	Date of Injury:	07/22/2012
Decision Date:	06/24/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/21/2013

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 injured worker is a 40-year-old male who reported an injury on 07/22/2012; the mechanism of injury was not provided within the medical records. The clinical note dated 10/22/2013 indicated diagnoses of lumbar discopathy with radiculitis, rule out internal derangement right hip, and bilateral plantar fasciitis and Morton's neuroma 3rd interspace bilaterally per AMA. The injured worker reported persistent pain in the low back that radiated to the lower extremities with numbness and tingling. He continued to have persistent bilateral foot pain. On physical examination of the lumbar spine, there was tenderness from the mid to distal lumbar segments with pain at the terminal motion. The seated nerve root test was positive and there was dysesthesia at the L5 and S1 dermatomes on the right. The injured worker's right hip examination revealed tenderness at the posterolateral region with pain. Internal and external rotation reproduced symptomatology for the injured worker. The injured worker's bilateral foot examination revealed tenderness at the plantar aspect of the feet and 3rd interspace. There was forced pain with dorsiflexion of the feet. The treatment plan read the patient will lose some weight, take some pressure off his back and feet, he will be referred for [REDACTED] Weight Loss Program. The injured worker should also be motivated to improve and return to work and meet the patient selection criteria outlined. The injured worker was still awaiting the lumbar epidural steroid injection. The physician had provided the injured worker a prescription for right gun holster to take some stress off his right hip and back. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ WEIGHT LOSS 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 NATIONAL HEART, LUNG, AND BLOOD INSTITUTE. CLINICAL GUIDELINES ON THE IDENTIFICATION, EVALUATION, AND TREATMENT OF OVERWEIGHT AND OBESITY IN ADULTS.

Decision rationale: According to National Heart, Lung, and Blood Institute treatment of the overweight or obese patient the study should have a time frame from start to finish of at least 4 months. In addition, the National Heart, Lung, and Blood Institute treatment of the overweight or obese patient indicated Management includes both reducing excess body weight and instituting other measures to control accompanying risk factors such as patient motivation and diet modification. There was lack of evidence in the documentation of the injured worker's weight. There was lack of documentation of prior dietary modifications or participation in formal weight reduction programs. In addition, the request does not include the duration or frequency of the proposed program. As such, the request is not medically necessary.