

Case Number:	CM13-0071601		
Date Assigned:	05/02/2014	Date of Injury:	09/13/2007
Decision Date:	07/08/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/29/2013

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 & Rehabilitation, and is licensed to practice in Texas & Oklahoma. 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 53-year-old male who reported an injury on 09/13/2007 from an unknown mechanism. The clinical note dated 11/07/2013 indicated diagnoses of musculoligamentous sprain of the lumbar spine with left lower extremity radiculitis; disc bulges at L1-2 of 3 mm, at L2-3 of 4 mm and at L4-5 of 2 mm; trochanteric bursitis of the left hip; sprain of the left ankle; stretch injury of the left shoulder; possible rotator cuff injury of the left shoulder; bicipital and coracoid tendonitis of the left shoulder; osteoarthritis of the left hip, early; tear of the medial and lateral menisci, left knee; chondromalacia medial femoral condyle and patella, left knee; ligamentous injury, right ankle; status post arthroscopy, left knee, with partial medial and lateral meniscectomy; and internal derangement of the right knee. The injured worker complained of low back pain rated at a 6 to 7/10 before medications and a 4 to 5/10 after taking pain medications. The back pain traveled down the right thigh into both legs. The injured worker reported that his left hip continued to be sore and his left shoulder continued to be sore and popped. He reported right knee pain that was constant with clicking and popping and that would give out. On physical exam, there was tenderness to the right posterior superior iliac spine. The injured worker reported that he attended acupuncture therapy, and the therapy helped. The injured worker started at 327 pounds and now weighed 265 pounds under the [REDACTED] medically-supervised weight loss program. The injured worker's medication regimen included Toradol, Zolpidem and Omeprazole and Bio-therm lotion. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

████████ WEIGHT LOSS SERIES/MEDICALLY SUPERVISED 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 Other Medical Treatment Guideline or Medical Evidence: Comparative Effectiveness of Weight-Loss Interventions in Clinical Practice, November 15, 2011 at NEJM.org.

Decision rationale: The request for ██████████ Weight Loss Series/Medically Supervised Weight Loss Program is non-certified. According to the article, few trials have attempted behavioral weight-loss strategies in the primary care setting, and none have implemented interventions similar to those tested in the POWER trial. Tsai and Wadden conducted a systematic review of the literature on this topic.⁸ Of the 10 trials identified, 4 trials tested the use of PCP counseling alone, 3 tested PCP counseling with pharmacotherapy, and 3 tested a collaborative approach in which the intervention was delivered by care providers other than PCPs. The results of these trials were inconsistent, and most of them had one or more limitations. Although the injured worker has lost weight, the injured worker weight continues to fluctuate, the use of the ██████████ Weight Loss Series has not lead to persistent weight loss and the benefits seem to be completely short-term. In addition, the ██████████ program is still in its trials. The clinical information failed to provide evidence that the injured worker has attempted other methods of weight loss that have not been successful to include diet modification and exercise. Therefore, the request is non-certified.