

Case Number:	CM13-0072738		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2003
Decision Date:	04/07/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 physician 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 58 year old woman with dates of injury of 9/13/02 and 4/03. She was seen by her primary treating physician on 10/28/13 for complaints of ongoing low back and bilateral knee and foot and ankle pain and headaches. Her physical exam does not document height, weight or BMI. She had spasm and tenderness in her lumbar paraspinal muscles and reduced motion and crepitus on motion in her knees and medial joint line tenderness. She also had tenderness in her feet. Her diagnoses include lumbar and cervical radiculopathy, cervical discopathy, status post bilateral total knee arthroplasty and degenerative joint disease and lumbar fusion and obesity. She was to continue her exercise program and a weight loss program was requested. The weight loss program is at issue in this review. Review of prior records indicates that in August 2013, a weight loss program was recommended as the worker had gained 80lbs since initial evaluation in 2005. A weight was 270lbs and she was 5'8 ½ " tall.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation medically supervised weight loss program and the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults

Decision rationale: This injured worker has a recent BMI calculated at 40.5kg/m² which is in the obesity range. A pilot prospective cohort study suggested that a 52 week multidisciplinary, supervised nonsurgical weight loss program in obese patients with low back pain improved pain and function. However, there is little to no documentation in the records of attempts at other past weight loss modalities or exercise programs other than for her to continue to exercise. Additionally, per the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society, healthcare providers should develop individualized weight loss plans that include three key components - a moderately reduced calorie diet, a program of increased physical activity and the use of behavioral strategies to help patients achieve and maintain a healthy body weight. The records also do not document a comprehensive weight loss plan or what the weight loss is targeting with regards to function or pain. The records do not support the medical necessity for the [REDACTED].