

Case Number:	CM14-0000656		
Date Assigned:	01/17/2014	Date of Injury:	04/10/2004
Decision Date:	06/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/02/2014

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 Pennsylvania. 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 41-year-old gentleman with a date of injury of 04/10/2004. A report by [REDACTED] dated 11/29/2011 identified the mechanism of injury as the worker had been pushing a heavy machine with coworkers when he experienced lower back pain that went into his groin and testicles. [REDACTED] office visit notes dated 03/19/2013, 06/18/2013, and 10/22/2013 reported the worker was experiencing continued lower back pain that radiated into the legs and sometimes included numbness and tingling. The recorded examinations consistently described tenderness in the muscles next to the spine at the mid- to lower lumbar area, muscle spasm, and decreased joint motion in that region. These notes reported seated nerve root tests were repeatedly positive, but the type of test used and which nerve roots were involved was not documented. Height and weight measurements were not provided. The treatment plans recorded in these notes included injections with vitamin B12 and toradol with marcaine at each of these visits, oral medications (omeprazole, cyclobenzaprine, an anti-inflammatory, and tramadol), topical medrox ointment (methyl salicylate, menthol, and capsaicin), and a prior surgery for total disc replacement at the L3 to S1 levels. [REDACTED] note dated 10/22/2013 also recommended a 10-week [REDACTED] weight loss program because the worker had apparently gained approximately 75 pounds due to inactivity in the years since the injury. No description of this program was provided. The note further indicated the worker's height and weight but did not report how these measurements were determined, and a BMI calculation was not made. In addition, there was no documentation of the worker's weight history, comorbidities, current diet, exercise level, exploration of exacerbating issues, description of individualized goals, or any other assessment of this issue. The anticipated benefit of such a program on the member's pain intensity or function was not indicated. A Utilization Review decision was rendered on 12/02/2013 recommending non-certification for the [REDACTED] weight loss program.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Part II - Pain Interventions and Treatments Page(s): 3.

Decision rationale: The MTUS Guidelines are silent on this issue. As indicated in ██████████ note dated 10/22/2013, the MTUS Guidelines do recommend that some with worker's with chronic pain may benefit from multidisciplinary pain programs or interdisciplinary rehabilitation programs that are proven to have successful outcomes for those with conditions that put them at risk of delayed recovery. However, the submitted documentation does not describe the components of the ██████████ weight loss program, and its name and website description do not appear to be consistent with the programs described in the MTUS Guidelines. The NHLBI-NAASO, 2013 AHA/ACC/TOS, and NICE Obesity Guidelines emphasize the importance of a thorough assessment of patients requiring weight loss before prescribing treatment. Some recommended elements include an in-depth review of the person's medical history, history of weight loss and gain, current diet, current exercise level, prior treatments for weight loss and their results, a detailed examination, a thorough exploration of exacerbating issues, a stratification of the current degree of excess weight, and an individualized review of appropriate goals. Treatment plans should then be based on this detailed assessment. ██████████ note dated 10/22/2013 included the notation that the worker had gained approximately 75 pounds since the injury due to his inactivity but does not address any of the other recommended elements of a complete assessment. The submitted documentation also did not include objective recordings of the member's weight over time. Further, there is no indication that the goal of the requested program is to improve the worker's function or decrease pain medication use. There is limited evidence in the literature to support that weight loss programs alone improve the degree of debility caused by chronic pain or the intensity of chronic pain long term. In the absence of such evidence and documentation, the current request for the ██████████ weight loss program is not medically necessary.