

Case Number:	CM14-0105722		
Date Assigned:	07/30/2014	Date of Injury:	06/07/2010
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation 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 46-year-old male who reported an injury on 06/07/2010. The mechanism of injury was not specifically stated. Current diagnoses include lumbar disc disease, lumbar musculoligamentous strain, neural foraminal stenosis in the lumbar spine, lumbar spine radiculopathy, lumbar facet syndrome, anxiety and obesity. The injured worker was evaluated on 04/04/2014 with complaints of 8/10 lower back pain. The physical examination revealed an antalgic gait, tenderness in the lumbar paraspinal muscles, moderate facet tenderness, positive straight leg raising on the right, and limited lumbar range of motion with decreased sensation in the right lower extremity. Treatment recommendations at that time included authorization for a 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 Page(s): 7.

Decision rationale: The California MTUS Guidelines state that functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self-management is the long-term goal of all forms of functional restoration. The principles of functional restoration apply to all conditions in general. As per the documentation submitted, the injured worker does maintain a diagnosis of obesity. However, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. Based on the clinical information received, the request is not medically necessary.