

Case Number:	CM14-0105963		
Date Assigned:	07/30/2014	Date of Injury:	09/23/2011
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
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 Illinois. 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 32-year-old male who reported an injury on 09/23/2011. The mechanism of injury was not specifically stated. Current diagnoses include lumbar disc displacement, lumbar radiculopathy, constipation, insomnia, morbid obesity, and chronic pain. The injured worker was evaluated on 05/28/2014 with complaints of persistent lower back pain radiating into the left lower extremity. Physical examination revealed tenderness to palpation, limited range of motion, and no change in sensory or motor examination. Previous conservative treatment includes physical therapy. 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: California MTUS Guidelines state 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. As per the documentation submitted, 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. There was also no total duration of treatment listed in the request. The medical necessity has not been established. As such, the request is not medically necessary.