

Case Number:	CM14-0106833		
Date Assigned:	07/30/2014	Date of Injury:	05/08/2008
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/10/2014

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, has a subspecialty in Pain Medicine, 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:

This is a 35-year-old female who sustained a remote industrial injury on 05/08/08 and is diagnosed with bilateral chondromalacia patella, cervical degenerative disc disease, degenerative joint disease, lumbar degenerative disc disease, lumbosacral spondylosis, and lumbar sprain/strain. Mechanism of injury occurred when the patient fell off a ladder onto a pallet, injuring her lumbar spine. The request for Weight Loss Program was found to be medically unnecessary at Utilization Review due to the efficacy of weight loss programs not being established. The most recent progress note provided is 06/11/14. Patient complains primarily of chronic severe low back pain, left foot pain, cervical pain, knee pain, and bilateral upper extremity complaints. The left foot pain is described as a persistent burning pain. The pain is rated as a 10/10 without medications, 1/10 with medications, and the current level is 1/10. The patient underwent a Lumbar Discectomy at L5-S1 on 04/04/14, reporting excellent back pain relief as a result. Physical exam findings reveal right patellar reflex is hyper-reflexic; right Achilles is diminished; tenderness to palpation of the cervical paraspinals; decreased range of motion of the cervical spine; tenderness to palpation of the lumbar paraspinals; significantly decreased range of motion of the lumbar spine; straight leg raise is positive on the right with a positive Lasegue's; decreased strength in the right lower extremity; decreased sensation in the right L4, L5, and S1 dermatomes; decreased sensation in the right lower extremity to touch; tenderness to palpation of bilateral knees; limited range of motion of bilateral knees; and positive McMurray's test. Current medications include: Zofran, Nizatidine, and Zolpidem. Omeprazole and Naproxen Sodium were prescribed during this visit. It is noted that the patient has had good results from aqua therapy sessions and has returned to a normal work schedule. Provided documents include several previous progress reports which highlight that the patient has gained 100 pounds since her injury and the patient currently weighs 276 pounds. The patient's previous

treatments include back surgery, medication, physical therapy, and aqua therapy. Imaging studies are not provided.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Medical Policy on obesity, diet, and weight control.

Decision rationale: As California MTUS guidelines, ACOEM, and ODG do not specifically address the requested weight loss program, medical necessity is compared to alternative evidence-based criteria. According to Aetna's Medical Policy, the medical necessity of a weight loss program involves having a body mass index greater than or equal to 30 kg/m² and/or documenting a failure to maintain a weight at 20% or less above the ideal weight. In this case, provided documentation does identify the patient to have gained 100 pounds since her injury. However, the treating physician does not quantifiably describe the failure of traditional dietary modifications and exercise routines to facilitate weight loss. There is also no description of specific medical comorbidities that would suggest the need of medical supervision with weight loss. As such, medical necessity of a Weight Loss Program is not established and is therefore, medically not necessary.