

Case Number:	CM14-0010983		
Date Assigned:	02/21/2014	Date of Injury:	05/26/2011
Decision Date:	07/17/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational 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:

The patient is a 26-year-old female who has submitted a claim for sciatica and lumbar radiculopathy, associated with an industrial injury date of 06/26/2011. The medical records from 01/15/2013 to 01/16/2014 were reviewed and showed that patient complained of ongoing back pain that radiates down her legs with numbness, stiffness, and weakness. Pain is aggravated by walking and relieved by medications. Physical examination showed limited range of motion due to pain. Straight leg raise test was positive bilaterally. Motor testing was normal. There is numbness and decreased sensation over the L4, L5, and S1 distribution. The weight of the patient is 246 lbs. MRI of the lumbar spine, dated 08/21/2013, showed mild spinal canal stenosis at the level of L4-L5 due to a 6-mm broad-based disc protrusion abutting the exiting L5 nerve root; and moderate spinal canal stenosis at the level of L5-S1 due to a 5-mm broad-based disc bulge abutting the exiting bilateral S1 nerve roots. The treatments to date has included medications, physical therapy, acupuncture, and epidural steroid injections. A utilization review, dated 01/24/2014, denied the request for a weight loss program because there was no documented failure to lose weight thru conventional means. Also the current height and weight were not noted, and the results of a previously approved gym membership were not included. The utilization review also modified the request for one year gym membership to 2 months because further treatment beyond the 2-month partial certification is contingent on clear evidence of benefit and functional improvement through the gym membership.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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 Clinical Policy Bulletin no. 0039, Weight Reduction Medications and Programs.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 was used instead. Criteria for the usage of weight reduction programs and weight reduction medication include individuals with BMI greater than or equal to 27 with complications including coronary heart disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes. Patients who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy may be enrolled. In this case, the patient's weight is noted to have a significant contribution in the patient's back pain. However, the patient's current height and weight was not documented. The latest documented weight (246 lbs) was on April 18, 2013. Also, there has been no discussion concerning lifestyle modifications and other methods of weight loss attempted by the patient. Therefore, the request for weight loss program is not medically necessary.

ONE YEAR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Exercise, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Exercise, Gym Memberships.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. Gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs lack of feedback to the provider prevents prescription modification, and there may be risk of further injury to the patient. In this case, the rationale for the request is to give the patient access to an elliptical machine, as its use would get some weight off her back. However, the present request does not specify medical professional attendance during gym sessions. Therefore, the request for one year health club membership, is not medically necessary.

