

Case Number:	CM14-0011403		
Date Assigned:	02/21/2014	Date of Injury:	01/21/2012
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/28/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 38 year old male female who initially presented with severe low back pain radiating to the left lower extremity. The patient also reported intermittent moderate and occasionally severe left wrist pain along with numbness and tingling in the left thumb and index finger and locking of the left index finger. The patient stood 5'4" tall and currently weighed 309 pounds. Past medical history was significant for status post carpal tunnel release in 06/12. The patient utilized Ultram and Terocin topical for pain relief. Clinical note dated 11/21/13 indicated the patient being recommended for medically supervised weight loss program. Clinical note dated 08/29/13 indicated the patient continuing complaining of cramping and locking of the index and middle finger of the left hand. The patient also reported weakness, numbness, and tingling throughout the left hand and digits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OUTPATIENT WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.PubMed.gov:Caban AJ, LeeDJ, Fleming LE, Gomez-Marin O, LeBlanc W, PitmanT. Obesity in US Workers: The National Health Interview Survey, 1986 to 2002.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cheryl L. Rock, PhD, RD; Shirley W. Flatt, MS; Nancy E. Sherwood, PhD; Njeri Karanja, PhD; Bilge Pakiz, EdD; Cynthia A. Thomson, PhD, RD. October 27, 2010, Vol 304, No. 16. Effect of a Free Prepared Meal and Incentivized Weight Loss Program on Weight Loss and Weight Loss Maintenance in Obese and Overweight Women; Nguyen NT, Magno CP, Lane KT, Hinojosa MW, Lane JS. Association of hypertension, diabetes, dyslipidemia, and metabolic syndrome with obesity: finding

Decision rationale: Clinical documentation indicates the patient complaining of low back and upper extremities pain. Weight loss program would be indicated provided that the patient meets specific criteria, including previous attempts of more conservative weight loss have resulted in no significant and long lasting benefit. No information was submitted regarding previous attempts at weight loss including diet control or exercise program designed to aid the patient's weight reduction. Given this, the request is not medically necessary.