

Case Number:	CM14-0016641		
Date Assigned:	04/11/2014	Date of Injury:	06/10/2011
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient was injured on 06/10/2011. The injury occurred when the patient stood up from a chair and had low back pain. Prior treatment history has included radiofrequency neurotomy, physical therapy, medications and light duty. PR-2 dated 04/15/2014 documented the patient stated that she is doing fairly well with her lower back pain until 04/11/2014 when she was at work walking around a corner and she ended up colliding with another individual. She returned back to her regular work duties on 01/06/2014, which has increased her lower back and her bilateral leg pain. She reports increased lower back pain with prolonged sitting, standing, walking and bending. The x-rays done on 03/03/2014 demonstrated some angular instability at L4-L5 with reversal of lordosis, which would be a potential surgical issue because of instability. She continues to take up to 12 Norco daily for pain control. Dexilant to protect her stomach, Lyrica and Flexeril. Objective findings on exam reveal the patient's height at 5'2 and her weight to be 216 pounds. Plan: [REDACTED] or the [REDACTED] weight loss program for six months. Weight reduction will decrease the stress on her lower back as well as decrease the risks associated with any eventual surgery that is done for the lumbar spine. At this time the patient was also counseled to continue to work on weight loss as she has gained three pounds since the last appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDI-FAST OR OPTIFAST MEDICAL 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 CLINICAL POLICY BULLETIN: WEIGHT REDUCTION MEDICATIONS AND PROGRAMS
[HTTP://WWW.AETNA.COM/CPB/MEDICAL/DATA/1_99/0039.HTML](http://www.aetna.com/cpb/medical/data/1_99/0039.html)
[HTTP://WWW.NHLBI.NIH.GOV/HEALTH/PUBLIC/HEART/OBESITY/LOSE_WT/WTL_P
ROG.HTML](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/wtl_prog.html)

Decision rationale: The Expert Reviewer's decision rationale: The medical records do not detail attempts made by the patient to manage her weight or decrease weight on her own. The references suggest a clinician supervised weight loss program may be considered when certain criteria have been met. However, the medical records also do not establish failure to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral changes. The medical records do not establish this patient is unable to adopt a low-calorie diet and exercise program on her own. Therefore, the request for medi-fast or optifast medical weight loss program is not medically necessary and appropriate.