

Case Number:	CM14-0114280		
Date Assigned:	08/01/2014	Date of Injury:	03/19/2012
Decision Date:	09/16/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Nevada. 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 records presented for review indicate that this 59-year-old female was reportedly injured on March 19, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 19, 2014, indicates that there are ongoing complaints of low back pain with numbness and tingling in the left leg. The physical examination demonstrated decreased cervical spine range of motion and a positive Hoffmans test bilaterally. Examination of the lumbar spine revealed decreased range of motion and decreased sensation at the L4, L5, and S1 dermatomes on the right side. Examination the right shoulder revealed decreased range of motion and a positive impingement test, Hawkin's test, and Neer's test. Diagnostic imaging studies of the lumbar spine revealed disc protrusions at L3 - L4, L4 - L5, and L5 - S1 with bilateral nerve root impingement and both L4 and L5. A request was made for a weight loss program and was not certified in the pre-authorization process on July 1, 2014.

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 Meta-analysis of the Efficacy of Weight Loss Programs, (Tsai and Wilson, 2005).

Decision rationale: Weight loss is a lifestyle issue that relates to calories consumed in calories expended. Counseling for diet and exercise as well as behavioral therapies are the mainstays of treatment of obesity. Considering the injured employees diagnoses, the request for a Weight Loss Program is not medically necessary.