

Case Number:	CM14-0131620		
Date Assigned:	08/20/2014	Date of Injury:	04/28/2007
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old male with a work injury dated 4/28/07. The diagnoses include low back pain status post L2-L4 artificial disk replacement; L4-S1 anterior and posterior spinal fusion (2012). Under consideration is a request for [REDACTED] weight loss program x 3 months. There is a primary treating physician report dated 7/8/14 that states that the patient seen in follow up with respect to his spinal condition. He is status post previous ADR L2-3 and L3-L4 and an L4 to S1 fusion in April 2012. He is working as a deputy sheriff and comes in today for evaluation of back soreness and bilateral leg weakness. His pain level is only about a 2/10. He is still trying to walk and work out. He has been made permanent and stationary as of April 2013. He is working as a deputy sheriff and is limited to about 25 pounds. Patient is still overweight. The plan included a recommendation for a weight loss program for him such as [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Education Page(s): 45.

Decision rationale: [REDACTED] weight loss program x 3 months is not medically necessary. The MTUS guidelines do not specifically address weight loss programs but does state that no treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention. The documentation does not reveal an updated weight/body mass index of the patient. The documentation indicates that the patient has attempted weight loss independently. It is unclear why [REDACTED] weight loss program is medically necessary over another weight loss program. The documentation does not indicate evidence of recent weight which indicates obesity. The request for [REDACTED] weight loss program x 3 months is not medically necessary.