

Case Number:	CM14-0153064		
Date Assigned:	09/23/2014	Date of Injury:	09/04/2013
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, and is licensed to practice in New York. 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 24 year old female baker with a date of injury on 09/04/2013. She bent over putting a tray onto the refrigerator shelf and noted a pop in her back with back pain. Lumbar MRI on 09/20/2013 revealed L4-L5 1 mm annular tear, L5-S1 mild facet hypertrophy and mild foraminal stenosis. There was no central canal or lateral recess stenosis. She was treated with chiropractic manipulation, physical therapy, epidural steroid injection and medication. On 01/28/2014 she was 5'4" tall and weighed 220 pounds. On 02/26/2014 it was noted that she had gained weight but there was no weight measurement. On 08/26/2014 it was noted that prior to the injury she weighed 200 pounds and had gained 40 pounds. Her weight on 08/26/2014 was not indicated. Straight leg raising was positive. She had minimum pain with range of motion. There was no documentation of a self regulated program of diet modification and exercise.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42

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: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: MTUS criteria do not provide for commercial weight loss programs. The patient is ambulatory and there is no documented limitation of her diet. That is, she can diet and walk/exercise to lose weight. There was no documentation of an attempt to control her weight with diet and exercise. There is also no objective documentation that a commercial program is more effective in weight loss than a motivated personal home program. Also, there is no objective documentation that her weight gain has caused any restriction, limitation or impairment. There is only one weight measurement in the clinical file provided for review. There is insufficient documentation to substantiate the medical necessity of a commercial weight loss program.