

Case Number:	CM14-0173987		
Date Assigned:	10/27/2014	Date of Injury:	12/03/1996
Decision Date:	12/04/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/22/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work-related injury on December 3, 1996. Subsequently, she developed chronic low back pain. According to a progress report dated September 10, 2014, the patient complained of lower back pain. On examination, the lumbar spine was tender at the left L4-5. She had an incision, which was healed on her lower back. She had limited motion. The patient was diagnosed with chronic low back pain and obesity (status post weight loss through [REDACTED]) as well as fibromyalgia. The provider requested authorization for Continue [REDACTED] weight loss program and Lovaza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue [REDACTED] weight loss program every day per week (quantity 10): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Personal Risk Modification Page(s): 11.

Decision rationale: According to MTUS guidelines, strategies based on modification of individual risk factors such weight loss may be less certain, more difficult, and possibly less cost-effective to prevent back pain. There is no documentation that the patient failed weight

control with exercise and diet. Caloric restriction associated to Diet modification, exercise and behavioral modification are the first line treatment of obesity. They don't require formal program. Drug therapy and surgery could be used in combination to the other modalities. There is no need for a formal program to loose weight for this patient. Therefore, the request for [REDACTED] weight loss program is not medically necessary.

Lovaza (quantity 1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Occupational and Environmental Medicine (ACOEM); Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

Decision rationale: LOVAZA, a lipid-regulating agent, is supplied as a liquid-filled gel capsule for oral administration. There is no documentation that the patient has a deficit on omega-3 fatty acids. ODG guidelines do not recommend dietary supplementation for the treatment of chronic pain. In addition, there no controlled studies supporting the use of dietary supplement for chronic pain management. Therefore, the request for LOVAZA is not medically necessary.