

Case Number:	CM14-0175890		
Date Assigned:	10/31/2014	Date of Injury:	11/21/2005
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/23/2014

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 Interventional Spine 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 injured worker is a 56-year-old male with a date of injury of 11/21/2005. The listed diagnoses per [REDACTED] from 08/08/2014 are: 1. Multilevel lumbar discopathy 2. Right lower extremity Radiculopathy According to this report the injured worker complains of low back and right leg pain. The examination shows diffused paraspinous muscle tightness and tenderness. Range of motion is limited in all directions. Positive straight leg raise on the right at 30 degrees. The injured worker is still quite heavy weighing 350 pounds. The documents include an AME from 07/01/2013 and progress reports from 01/03/2014 and 08/08/2014. The utilization review denied the request on 10/20/2014.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Guidelines on Weight Loss Programs

Decision rationale: The injured worker presents with low back pain and right leg pain. The provider is requesting a Weight Loss Program. The MTUS Guidelines pages 46 and 47 recommend exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There are no discussions regarding weight loss programs in other guidelines such as ODG or ACOEM. However, Aetna Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitored programs are supported for those with BMI greater than 30, but excludes [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. The AME Report from 07/01/2013 notes that in 2007 the injured worker gained approximately 50 pounds due to his inability to move around. A weight-loss program was recommended and he lost approximately 35 pounds through [REDACTED]. The injured worker is approximately 6'1" tall and weighs 350 pounds. The request, however, is not specific and it is not known if this is a physician-based program. AETNA does not support such programs as [REDACTED], [REDACTED], [REDACTED], etc. Therefore, this request is not medically necessary.