

Case Number:	CM14-0026375		
Date Assigned:	06/20/2014	Date of Injury:	11/05/2003
Decision Date:	07/29/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Family Medicine 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:

This injured worker's date of injury is 11/05/2003. The medical records sent for review reveal that this patient receives treatment for chronic low back pain with radiation to the left lower extremity. On exam the patient's BMI is 38.3, palpation of the lower back reveals muscle spasm and loss of ROM. The patient previously had back surgery with laminectomy with L4-L5 fusion in July 2004. He had a lumbar MRI on 09/03/2008. This showed degenerative changes above L4-5. He receives treatment of obstructive sleep apnea. For his pain he takes Norco 4 to 6 a day. The medical diagnoses include: post-laminectomy syndrome lumbar spine, neurogenic bladder, history of spinal cord stimulator implantation and then removal, and CVA with residual right hemiparesis, 12/19/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/1_99/0039.html.

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: UpToDate: Treatment of Obesity, accessed online.

Decision rationale: Most experts recommend dietary counseling and then a trial of medically supervised diet and exercise to help patients achieve weight loss. Should a trial of diet and exercise not be sufficient, pharmacotherapy may be another suitable option. The medical record of the treating physician fails to document whether any of these have been tried or failed. Regarding referral to a weight loss program, there is no consensus in the medical literature to recommend any one type of weight loss program over another. Based on the documentation presented, the request for referral to a weight loss program is not medically indicated.