MAXIMUS Federal Services

Case Number:	CM14-0027449		
Date Assigned:	06/13/2014	Date of Injury:	08/30/2012
Decision Date:	08/11/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 reported date of injury on 08/30/2012. The injury reportedly occurred when the injured worker fell off the top of a truck attempting to clean the front windows. His diagnoses were noted to include lumbar disc disease, lumbar radiculopathy, and left knee medial meniscal tear. His previous treatments were noted to include physical therapy, chiropractic treatment, oral medication, rest and home exercise program, and epidural steroid injections. The progress note dated 05/01/2014 revealed the injured worker complained of pain to the lumbar spine and left leg. The injured worker rated his pain 0/10 on a pain scale without medications. He noted his pain increased since his last visit. The injured worker indicated after receiving an injection his lumbar spine pain had decreased. The injured worker indicated the L5-S1 transforaminal epidural injection on 04/12/2014 improved his pain by 80% and he was able to decrease his intake of pain medication. The physical examination revealed the injured worker weighed 298 pounds and his height was 5 feet 7 inches. The provider reported he had an antalgic gait on the left and exacerbated heel to toe walk with antalgic gait on the left. The lumbar spine evaluation noted diffuse tenderness to palpation over the lumbar paraspinous muscles and mild facet tenderness along the L5 through S1 levels. The lumbar spine range of motion was noted to be full, and the straight leg raise test was negative. The examination of the lower extremity revealed moderate to medial and lateral left knee pain, with intact sensation in all dermatomes and full motor strength. The request for authorization form was not submitted within the medical records. The request was for a weight loss program due to uncontrolled hypertension.

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; Work Loss Data Institute, LLC; Corpus Christi TX; Section: Pain and TriCare Guidelines, Policy Manual.

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: Lawrence J. Appel, M.D.(2011), Comparative Effectiveness of Weight-Loss Interventions in Clinical Practice. The New England Journal of Medicine, 365(21), pages 1959.

Decision rationale: The request for a weight loss program is non-certified. The provider indicated the injured worker needed to lose weight for his hypertension and possible knee surgery. In a study authored by Appel, et al, it was noted, "In two behavioral interventions, one delivered with in-person support and the other delivered remotely, without face-to-face contact between participants and weight-loss coaches, obese patients achieved and sustained clinically significant weight loss over a period of 24 months." The request failed to specify type, frequency, number of sessions, and duration of the weight loss program. Additionally, there is a lack of documentation regarding the injured worker attempting weight loss on his own. Therefore, the request is non-certified.