

Case Number:	CM14-0035276		
Date Assigned:	06/23/2014	Date of Injury:	08/21/2007
Decision Date:	08/15/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old female who reported an injury on 08/21/2007. The mechanism of injury was not provided. Prior treatments included aquatic therapy and an epidural steroid injection. Other therapies included an epidural steroid injection. The documentation of 01/29/2014 revealed the injured worker was status post lumbar epidural steroid injection but had temp relief of pain. The injured worker had 6 sessions of aquatic therapy in the past with good relief. The documentation further indicated the injured worker did not wish to have spinal surgery and wanted conservative treatment. The documentation indicated the injured worker had a 30 pound weight gain since the injury. The injured worker's weight was noted to be 250 pounds and the injured worker was noted to be 5 feet 4 inches tall. The treatment plan included a weight loss management program as the weight gain was opined to be contributing to the chronic pain. The injured worker's BMI would be 42.9 which are considered to be obese. The diagnosis included obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT MANAGEMENT CLASSES 1 X WEEK, # 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications.

Decision rationale: The Official Disability Guidelines indicate that first line interventions for weight loss include diet and exercise. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure to lose weight with diet and exercise. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for weight management classes 1 time a week #12 is not medically necessary.