

<b>Case Number:</b>	CM14-0036720		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 46 year-old male who reported an injury to his low back on July 20, 2010. Clinical note dated 09/13/13 result indicated the injured worker complaining of low back pain radiating into the scapula. Upon exam tenderness was identified at L5 and S1. The injured worker reported pain radiating to the right thigh; however, this was following the exam. A clinical note dated 12/12/13 indicated the injured worker utilizing Flexeril, hydrocodone, and Motrin. the injured worker rated the low back pain 7-8/10. The injured worker stated low back pain was severe enough that it limited his activities of daily living. A clinical note dated 01/16/14 indicated the injured worker continuing with lumbar spine pain. Tenderness along with limited range of motion was identified throughout the lumbar spine. The Agreed Medical Examination dated 02/13/14 indicated the injured worker previously undergoing MRI of the lumbar spine on 04/12/09 which revealed disc dehydration at L4-5 with a 2mm disc bulge. The utilization review dated 03/20/14 resulted in a denial of the lumbosacral spine and weight loss program. The denial of MRI was a result of the injured worker previously undergoing MRI and no significant changes in pathology or symptomology were identified. No information was submitted regarding previous conservative treatment in attempting to lose weight.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 303-304.

**Decision rationale:** The request for MRI of the lumbar spine is not recommended. The clinical documentation indicates the injured worker complaining of low back pain. MRI is indicated in the lumbar spine provided that the injured worker meets specific criteria, including neurological deficits identified by clinical evaluation in the lower extremities. The injured worker complained of radiating pain. However, no reflex, strength, or sensation deficits were identified in the lower extremities. Therefore, this request is not indicated as medically necessary.

**Weight loss program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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: 1.)Cheryl L. Rock, PhD, RD; Shirley W. Flatt, MS; Nancy E. Sherwood, PhD; Njeri Karanja, PhD; Bilge Pakiz, EdD; Cynthia A. Thomson, PhD, RD. October 27, 2010, Vol 304, No. 16. Effect of a Free Prepared Meal and Incentivized Weight Loss Program on Weight Loss and Weight Loss Maintenance in Obese and Overweight Women.2.)Nejat EJ, Polotsky AJ, Pal L. Predictors of chronic disease at midlife and beyond--the health risks of obesity. Maturitas. 2010;65(2):106-111.

**Decision rationale:** The request for weight loss program is not recommended. The clinical documentation indicates the injured worker weighing approximately 368 pounds. Inclusion into a weight loss program is indicated for injured workers who have demonstrated a failure of more conservative treatment at weight loss. No information was submitted regarding previous treatments involving weight loss. Therefore, this request is not indicated as medically necessary.