

Case Number:	CM14-0037613		
Date Assigned:	06/25/2014	Date of Injury:	01/05/2013
Decision Date:	08/13/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 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:

This is a 46-year-old female who sustained a new industrial injury on 01/05/13 diagnosed with intervertebral disc herniation and lumbar radiculopathy. Mechanism of this injury occurred when the patient was moving an overhead light at work and developed a significant flare up of her low back pain. The request for a Weight loss program was non-certified at utilization review due to the lack of documentation specifying what conventional means of dieting, exercising, and behavioral modifications that patient has made to date and the lack of documentation regarding the patient's height, weight, and body mass index in any recent progress notes. The most recent progress note provided is 03/07/14. Patient complains primarily of continued low back pain with burning pain radiating to the right anterior thigh and medial calf/ankle rated as a 9/10. The pain also radiates to the left gluteal and lateral hip area, along with numbness and tingling in bilateral toes. Patient reports frustration of weight gain that has not improved despite dietary changes. The patient has been unable to increase her exercise program with swimming exercises, as she has been ill. Physical exam findings reveal tenderness at the lower right lumbosacral paraspinal to the bilateral sacroiliac areas; moderate spasm in the lumbar paraspinal and lower sacral areas; decreased range of motion of the lumbar spine; mild low back pain with compression of anterior superior iliac spine and inguinal areas bilaterally; and decreased comparative sensation in the right lateral thigh, calf, and foot. Current medications include: Naproxen. The treating physician is requesting a weight loss program with the goal of losing 25 pounds. It is noted in a previous progress report, dated 01/22/14, that the patient lost 4 pounds in a weight loss program she enrolled herself into. Provided documents include several previous progress reports. The patient's previous treatments include an epidural steroid injection, facet injections, analgesic medications, ice, physical therapy, home exercise program, and acupuncture. Imaging studies are not provided.

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 Long-term Pharmacotherapy in the Management of Obesity, National Task Force on the Prevention and Treatment of Obesity.

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: Aetna Medical Policy, Weight Loss Programs.

Decision rationale: As California MTUS guidelines, ACOEM, and ODG do not specifically address the requested weight loss program, medical necessity is compared to alternative evidence-based criteria. According to Aetna's Medical Policy, the medical necessity of a weight loss program involves having a body mass index greater than or equal to 30 kg/m² and/or documenting a failure to maintain a weight at 20% or less above the ideal weight. In this case, provided documentation does not list the patient's previous or current body mass index (BMI) or quantifiably describe the failure of traditional dietary modifications and exercise routines to facilitate weight loss. There is also no description of specific medical comorbidities that would suggest the need of medical supervision with weight loss and it is noted that the patient lost 4 pounds supervising herself in a program. As such, medical necessity of a Weight loss program is not established and not medically necessary.