

Case Number:	CM14-0038440		
Date Assigned:	06/27/2014	Date of Injury:	01/30/2012
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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 41-year-old male with a 1/30/12 date of injury. The patient was injured at work when he was lifting a cement bag and he felt a pop and had back pain. According to a 3/10/14 comprehensive consultation report, the patient complained of pain in the low back. There was pain down the back of the left leg and increased pain at night. Bending forward and stretching was helpful. He had burning pain in the back of the leg with numbness. Objective findings: 4/5 left extensor hallucis longus and tibialis anterior, possible weakness in the gastroc-soleus also 4+5 on the left, antalgic gait using cane, decreased sensation in the left foot. Diagnostic impression: lumbar degenerative joint disease with small herniated nucleus pulposus noted on the left at L3-4 and on the right at L4-5, and also at L5-S1; L5, possible L4/S1 radiculopathy. Treatment to date: medication management, activity modification, massage therapy, ESI (epidural steroid injection) and chiropractic therapy. A UR decision dated 3/19/14 denied the request for weight loss program. A weight loss program is not indicated as there is no documentation of the patient's actual weight, height, or body mass index. Any benefits from the weight loss program up to this point have not been documented. Furthermore, there was no documentation provided of self imposed dieting efforts or an exercise routine in place to lose weight. As such, the patient has not met the criteria for a weight loss program.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: CA MTUS and ODG do not address this issue. Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, in the reports reviewed, many of them handwritten, there is no documentation of the patient's height, weight, or BMI. There is no discussion that the patient has addressed his weight issue with a diet and exercise program. In addition, a 3/10/14 report documents that the patient is to continue with his weight loss program. It is unclear if this is an initial request for a weight loss program or if it is for the continuation of a weight loss program. Furthermore, this request does not indicate the duration of time the weight loss program is being requested for. Therefore, the request for a Weight loss program was not medically necessary.