

Case Number:	CM14-0038548		
Date Assigned:	06/27/2014	Date of Injury:	05/30/2010
Decision Date:	07/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; consultation with a spine surgeon, who has apparently endorsed a spine surgery. In a March 28, 2014 Utilization Review Report, the claims administrator denied a request for a weight loss program, citing non-MTUS Aetna Guidelines. The denial was apparently predicated on the fact that the applicant's BMI was not quantified. The applicant's attorney subsequently appealed. A February 27, 2014 progress note is notable for comments that the applicant reported persistent complaints of low back and leg pain. Somewhat incongruously, it is stated that the applicant weighed 150 pounds prior to her injury and now weighs approximately 190 pounds. The applicant's height and weight were described as 5 feet 1 inch and 186 pounds. The applicant did exhibit an antalgic gait despite being possessed of normal heel and toe ambulation. The applicant was placed off of work, on total temporary disability. A weight loss program was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Weight Reduction Medications and Programs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on individual risk factor modification, such as the weight loss program proposed here are "less certain, more difficult, and possible less cost affective." In this case, the attending provider has not proffered any compelling applicant-specific narrative rationale, commentary, or medical evidence which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.