

Case Number:	CM14-0041214		
Date Assigned:	06/27/2014	Date of Injury:	12/03/2012
Decision Date:	08/14/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 and Pain Management, 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 26 year old female whose date of injury is 12/03/2012. On this date the injured worker stepped on a wet mat, causing her to slip and fall. The treatment to date includes chiropractic treatment, acupuncture, lumbar epidural steroid injection on 10/14/13 and 03/22/14. Evaluation dated 02/07/14 indicates that the injured worker's height is five feet two inches and weighs one hundred ninety seven pounds. The injured worker was recommended for a medical weight loss program. Agreed medical evaluation dated 02/10/14 indicates that impression is contusion and musculoligamentous strain of the lumbar spine, and clinical evidence of left lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Weight Loss Program/Management such as [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Non-MTUS website, <http://www.ncbi.nlm.nih.gov/pubmed/15630109>; Systematic review: an evaluation of major commercial weight loss programs in the United States and on the Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/23804170>; A pilot Randomized Trial Comparing a Commercial Weight Loss Program with a Clinic-Based Intervention for Weight Loss U.S. Preventive Services Task Force (USPSTF) Guidelines for Screening for and management of obesity in adults.

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

Decision rationale: Based on the clinical information provided, the request for referral to a weight loss program/management at clinic is not recommended as medically necessary. The submitted records fail to provide the injured worker's current Body Mass Index (BMI) given that the most recent height and weight measurements provided are from February. The injured worker's current BMI is not quantified. There is no indication that diet and independent exercise have been tried and failed. There are no measurable goals and objectives provided. Therefore, the request is not in accordance with current evidence based recommendations, and is not medical necessary.