

Case Number:	CM14-0057958		
Date Assigned:	07/09/2014	Date of Injury:	01/22/2007
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 54-year-old male who reported injury on 01/22/2007. The mechanism of injury and diagnostic studies were not provided. The prior treatments included an epidural steroid injection. The injured worker's medications included Percocet and Flexeril. The documentation of 03/31/2014, revealed the injured worker's diagnosis was lumbago. The injured worker had an epidural steroid injection with 60% pain relief and the lower extremity pain was noted to be greatly improved. The injured worker had decreased sensation in the sole of the right foot. The treatment plan included weight loss preparing for an anterior lumbar interbody fusion at L4-S1. The additional treatment included Percocet 10/325 mg. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program in preparation for anterior lumbar interbody fusion ALIF: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications.

Decision rationale: The Official Disability Guidelines indicate lifestyle, diet and exercise modifications are first line interventions. There was a lack of documentation indicating the injured worker had trialed and failed diet and exercise. The request, as submitted, failed to indicate the duration for the weight loss program, as well as the exact weight loss program being requested. There was a lack of documentation indicating the injured worker's height, weight and BMI to support a necessity for a weight loss program. Given the above, the request for weight loss program in preparation for ALIF is not medically necessary.