

Case Number:	CM14-0061219		
Date Assigned:	08/06/2014	Date of Injury:	09/04/2009
Decision Date:	09/10/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/02/2014

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:

Patient is a 44 year-old male with date of injury 09/04/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/20/2014, lists subjective complaints as low back pain with radicular symptoms in the left lower extremity. PR-2 was hand-written and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and left sciatic notch region. Sensory examination revealed decreased sensation in the lower left extremity L4 distribution. Range of motion was limited in all planes secondary to pain. Straight leg test was positive on the left. Diagnosis: 1. Thoracic/lumbar strain/sprain 2. Lumbar radiculopathy 3. L5-S1 mild spondylosis. The patient currently weighs 295 pounds, height 67 inches, and a BMI of 46.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown weight loss program (██████████): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guideline from the American College of Physicians.

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 Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039, last reviewed: 03/21/2014.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on the topic of medical weight loss programs. The Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs was referenced in regard to the request. This policy is supported by NHLBI Guidelines on Diagnosis and Management of Obesity. Aetna considers the following medically necessary treatment of obesity when criteria are met: 1. Weight reduction medications, and 2. Clinician supervision of weight reduction programs. The request does not contain documentation that the above criteria are met. Weight Loss Program is not medically necessary.

Chiropractic treatments, quantity of 6 (through [REDACTED]): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The request is for 6 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 6 chiropractic visits is appropriate to establish whether the treatment is effective. I am reversing the prior utilization review decision.