

Case Number:	CM14-0063023		
Date Assigned:	07/11/2014	Date of Injury:	03/26/2012
Decision Date:	09/12/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 37 year old male who was injured on 03/26/12 when he lifted a case weighing approximately 50 pounds overhead and experienced a sudden onset of low back pain. The injured worker complains of low back pain which radiates to the left thigh with associated numbness and tingling. The injured worker is diagnosed with displacement of lumbar intervertebral disc without myelopathy. MRI of the lumbar spine dated 04/20/12 is referenced and reported to reveal mild multilevel degenerative changes and annular fissures within the L3-4 and L4-5 discs. Radiographic examination performed on 01/08/14 revealed grade 1 spondylolisthesis with associated bilateral pars intra-articularis defects. Treatment has consisted of physical therapy and medications. Records reference injections and a weight management program, but it is unclear if the injured worker received or participated in these interventions. The injured worker is noted to be 5'9" and weigh 351 pounds. Most recent clinical note dated 04/15/14 notes the injured worker is attempting to maximize his conservative treatment but has difficulties due to his weight. The injured worker is noted to be working on losing weight but is unable to do so quickly due to limitations resulting from low back pain. A weight loss program is requested to assist the injured worker in participating in conservative treatment.

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 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, section on spinal fusion and Diabetes Chapter, section on Bariatric surgery.

Decision rationale: The request for a weight loss program is not recommended as medically necessary. ACOEM chapter on Low Back Complaints states, "Making every attempt to maintain the patient at maximal levels of activity, including work activities, is recommended. Aerobic exercise is beneficial as a conservative management technique and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The specific recommendation for a weight loss program is not indicated by ACOEM. Official Disability Guidelines (ODG) similarly does not address the use of a weight loss program. ODG supports the use of Bariatric surgery in obese individuals prior to lumbar fusion or in cases involving diabetes. As guidelines do not support the utilization of formal weight loss programs, medical necessity for such cannot be established.