

Case Number:	CM14-0068410		
Date Assigned:	07/14/2014	Date of Injury:	06/22/2011
Decision Date:	08/11/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/13/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 51 year old female who sustained a work related injury on 06/22/2011. The mechanism of injury was continuous trauma from 01/1984 to 06/20/2011 while performing her activities as a supervisor. The claimant originally worked as a repacker then as a supervisor. Her diagnosis is chronic low back pain s/p lumbar spine discectomy on 04/09/2013. She continues to complain of low back pain with numbness extending to the left leg. on exam there was tenderness over the disc upon palpation at L4-L5, and L5-S1. The straight leg raise was negative on the left. Her treating provider would like her to lose 40 pounds. There was no recent weight recorded. Her last recorded weight in 2012 was 206 with a height of 5 feet 2 inches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Reduction Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines, cms.gov. Treatment of Obesity.

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: Medscape Internal Medicine- Weight Loss Programs 2012.

Decision rationale: There is no specific documentation addressed by ACOEM/MTUS Guidelines for weight loss requirements for chronic pain conditions. Per Medscape Internal Medicine, weight loss is beneficial for partial relief of symptoms for patients with obesity and arthritis. There is no documentation the patient has undergone any counseling on lifestyle and behavioral modifications regarding diet and regular exercise. The specific weight loss program was not identified. Medical necessity for the requested service has not been established. The requested service is not medically necessary.