

Case Number:	CM14-0075566		
Date Assigned:	07/16/2014	Date of Injury:	12/30/2010
Decision Date:	09/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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:

The patient is a 51-year-old female who has submitted a claim for 1) spinal stenosis, lumbar region, without neurogenic claudication, 2) thoracic or lumbosacral neuritis or radiculitis, unspecified, 3) other musculoskeletal symptoms referable to limbs, 4) abnormal weight gain, and 5) dysthymic disorder associated with an industrial injury date of December 30, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain that radiates down to both legs. On examination, patient was found to be 5'4" and weighs 202 pounds. Her BMI is 34.7 kg/m², which considered to be Class I obesity. There was limited range of motion and multiple tender points. Kemp's and SLR were positive. MRI showed multilevel degenerative changes and mild to moderate disc bulges. Treatment to date has included analgesics and epidural injections with minimal relief. No weight-loss regimen that includes a low-calorie diet, increased physical activity and behavioral therapy to lose at least 1 pound a week for at least six months had yet been tried. Utilization review from April 23, 2014 modified the request for [REDACTED] weight loss program to [REDACTED] program trial x 8 weeks. The reason was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Weight Loss Program: 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 Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

Decision rationale: The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient's body mass index was 34.7 kg/m² and a weight loss program was requested to take pressure off the spine of the patient and also help her with psychological issues. However, there is no documented evidence that the patient already failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity and behavioral therapy. Such a regimen must be tried first before using a formal weight reduction program. Therefore, the request for [REDACTED] weight loss program is not medically necessary.