

Case Number:	CM14-0090234		
Date Assigned:	07/23/2014	Date of Injury:	08/21/1999
Decision Date:	09/26/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Nevada. 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 records presented for review indicate that the injured worker is a 57-year-old gentleman who was reportedly injured on August 21, 1999. The mechanism of injury is noted as being bounced around in a sleeper bed in a truck. The most recent progress note, dated April 18, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated ambulation with the assistance of a cane. There were spasms along the lumbar spine and weakness of the lower extremities. There was a positive bilateral straight leg raise test. Diagnostic imaging studies of the lumbar spine showed disk desiccation and disc protrusions throughout the lumbar spine. A disc protrusion at L3 - L4 indents the thecal sac and abuts the right L3 nerve root. The injured employee is 5'8" tall and weighs 226 pounds with a BMI of 34.4. Previous treatment includes chiropractic care, acupuncture, massage, and physical therapy. A request had been made for the [REDACTED] program and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **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: Meta-analysis of the Efficacy of Weight Loss Programs, (Tsai and Wilson, 2005).

Decision rationale: Weight loss is a lifestyle issue that relates to calories consumed and calories expended. Counseling for diet and exercise as well as behavioral therapies is the mainstay of treatment of obesity. The injured employee should be monitored for several weeks for compliance and effectiveness of a self-motivated weight loss program. However, weight loss is not necessarily a medical necessity. Therefore, the request is deemed not medically necessary.