MAXIMUS Federal Services

Case Number:	CM14-0012579		
Date Assigned:	02/21/2014	Date of Injury:	01/02/1999
Decision Date:	02/03/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	01/31/2014

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 Family Practice 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:

This is a 40 year old male who sustained a work related injury on January 2, 1999. The mechanism of injury was not provided. A progress report dated January 8, 2014 notes that the injured worker reported low back pain which radiated down both, legs. The pain was discribed as constant, sharp, stabbing and burning. Associated symptoms include paresthesia and numbness. Pain level was eight out of ten on the Visual Analogue Scale. He also reported neck and left shoulder pain with radiation to the left arm. Associated symptoms include headaches, numbness and weakness of the left arm and paresthesia of the hand. The documentation supports the injured worker had tried physical therapy, ice, non-steroidal anti-inflammatory drugs, rest and heat application. There is no documentation regarding prior physical therapy sessions or the results of the physical therapy. Prior diagnostic testing included x-rays, MRI, electromyography, nerve conduction velocity study and a computed tomography scan scan. The injured worker also underwent a lumbar laminectomy, date unspecfied. Work status is disabled. Physical examination of the lumbar spine revealed tenderness to palpation bilaterally and paralumbar spasm. Atrophy was present in the quadriceps. Range of motion was noted to be decreased. Rotation was diminished bilaterally. Range of motion of the spine was limited secondary to pain. Lower extremity examination revealed deep tendon reflexes to be absent in the knees. Sensation to light touch was noted to be decreased in the lower extremities. Examination of the cervical area revealed tenderness of the trapezial area. No muscle spasms were noted. Cervical spine range of motion was restricted. Diagnoses include low back pain, lumbar disc displacement, degeneration of cervical intervertebral disc, postlaminectomy syndrome of the lumbar region, lumbar radiculopathy, cervical radiculitis and cervical disc displacement. Medications include Norco, Neurontin, Ambien and Flexeril. The treating physician requested a [redacted] Program for the injured worker. Utilization Review evaluated and

denied the request for the [redacted] Program on January 31, 2104. Utilization Review denied the request for a weight loss program due to lack of documentation of significant morbid obesity and lack of documentation of a body mass index, so the level of obesity is unclear. The documentation does not note that obesity is directly and significantly interfering with functionality and symptomatology. In addition there is no documentation of failure of conventional measures including active participation by the injured worker to reduce weight loss. MTUS / ACOEM Cornerstones to Disability Prevention and Management were referenced. These guidelines note that the injured worker must stay active or increase activity to minimize disuse, atrophy, aches and musculoskeletal pain and to raise endorphin levels.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: In regards to requested weight loss program, Weight reduction program is considered medically necessary for patients who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy and who have either a (BMI) greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 kg/m with obesity-related risk factors such as HTN, DM, CVD, OSA, or hyperlipidemia. There is no documentation of prior failure to lose weight or clarification of current BMI or risk factors. The request is not reasonable.