

Case Number:	CM14-0197369		
Date Assigned:	12/05/2014	Date of Injury:	08/26/2002
Decision Date:	01/23/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/24/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 50 year old female who was injured at work on 08/26/2002. She is reported to be complaining of neck and low back pain. The pain is 8/10 with medications, but 10/10 without medications; it is worsened by activities and walking. The physical examination revealed limited range of motion of the lumbar spine, tenderness of the L4-S1 paravertebral areas, pain was increased with flexion. The worker has been diagnosed of lumbar facet arthropathy, lumbar degenerative disc disease, and chronic pain. Treatments have included bilateral L4-S1 facet rhizotomy, Norco, Nucynta, Lexapro, and Motrin. At dispute is the request for [REDACTED] Weight Loss Program.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15630109>

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: Centers for Disease Control and Prevention.

Decision rationale: The injured worker sustained a work related injury on 08/26/2002. The medical records provided indicate the diagnosis lumbar facet arthropathy, lumbar degenerative disc disease, and chronic pain. Treatments have included bilateral L4-S1 facet rhizotomy, Norco, Nucynta, Lexapro, and Motrin. The medical records provided for review do not indicate a medical necessity for [REDACTED] Weight Loss Program. The MTUS does not recommend [REDACTED] Weight Loss Program the treatment of chronic pain; the Official Disability Guidelines is silent on it. The Center for Disease Control and Prevention states that, "Healthy weight loss isn't just about a "diet" or "program". It's about an ongoing lifestyle that includes long-term changes in daily eating and exercise habit". Therefore, the requested treatment is not medically necessary and appropriate.