

Case Number:	CM14-0205764		
Date Assigned:	12/15/2014	Date of Injury:	08/05/2001
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Interventional Spine 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 45 year old female with an injury date of 08/05/01. Based on the 09/17/14 progress report, the patient complains of bilateral lower back pain and left knee pain. She describes the pain as being sharp, stabbing, burning, and constant. Pain radiates to the bilateral buttocks. She has numbness, tingling, spasm, paresthesias, and weakness. She is currently disabled and rates her pain as a 6/10. The 10/11/14 report states that the patient has gastroesophageal reflux. The patient is obese but has had recent weight loss. There were no additional positive exam findings provided on this report. The 10/15/14 report indicates that the patient continues to have pain in her lower back and left knee. She walks on heels with difficulty due to pain. Paralumbar spasm is 2+ tenderness to palpation, bilaterally. There is tenderness to palpation over bilateral L4-5, L5-S1 facets. Atrophy is present in the quadriceps. Right/left resisted rotation is diminished. Straight leg raise is positive at 40 degrees bilaterally. Range of motion of the spine is restricted due to pain. The patient's diagnoses include the following: Lumbar disc displacement Pain, knee joint Lumbar radiculopathy Low back pain Gastritis, other specified, without mention of hemorrhage The utilization review determination being challenged is dated 11/10/14. Treatment reports were provided from 04/25/14- 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ **Membership X1:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine Volume 142, pages 1-42 January 2005 "Evaluation of the Major Commercial Weight Loss Programs" by A.G. Tsai and T.A. Wadden

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA website was referred to (http://www.aetna.com/cpb/medical/data/1_99/0039.html).

Decision rationale: The patient presents with knee pain and bilateral lower back pain which radiates to the bilateral buttocks. The request is for [REDACTED] MEMBERSHIP X 1. The rationale behind utilization review denial was that "several weight loss programs have been studied and there is nothing proposed or documented that this patient could not be educated on a low calorie/low fat diet and a simple home exercise program by primary care physician." The 08/13/14 report says that the patient is "about to start weight loss program. Weight loss treatment has been approved with [REDACTED]." The 09/17/14 report indicates that the patient has "lost 10 lbs. Weight loss treatment has been approved with [REDACTED]." The 10/15/14 report states that "she has lost 21 lbs. Weight loss treatment has been approved with [REDACTED]...Please authorize a [REDACTED] membership so the patient can buy the weight loss food at a discount." The MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Neither MTUS, ODG, nor ACOEM have any say on the weight loss program so the AETNA website was referred to (http://www.aetna.com/cpb/medical/data/1_99/0039.html). AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. The [REDACTED] weight program is a medically supervised program [REDACTED]; and it may be warranted. Furthermore, the treater provides adequate documentation regarding success of the program with significant weight loss over the several months. Unfortunately, the treater does not provide an end point to the request. It is not known how long this membership is to continue. It is not realistic that the patient can live on [REDACTED] diet program indefinitely and at some point must transition to home cooking/self-management of appropriate diet and weight management. The requested membership IS NOT medically necessary.