

Case Number:	CM14-0212161		
Date Assigned:	01/02/2015	Date of Injury:	09/09/1999
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 individual is a 66 y/o female who developed chronic low back pain subsequent to an injury dated 12/06/2000. She has been diagnosed with lumbar spondylosis at several levels and is documented to have a right-sided lower extremity radicular syndrome. The physician notes that she is 100lbs overweight. No actual weights are documented. A request for a weight loss is documented without any accompanying details.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Page(s): 28-31. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://europepmc.org/abstract/med/7884330>
<http://www.ncbi.nlm.nih.gov/pubmed/20007994>.

Decision rationale: MTUS Guidelines state that certain standards of medical evaluation and medical evidence for effectiveness should be present to justify treatment requests. Neither of

these standards is met in association with this request. There is no documentation of the specific goals or the specific program that is requested. In addition, contrary to community mythology, the relationship between weight and low back pain is quite tenuous. Meta-analysis studies reveal that the very obese have on average 1 more day of back pain per year than the non-obese. Also, there is absolutely no medical evidence that weight loss improves back pain. Under these circumstances, the request for a weight loss program is not medically necessary.