

Case Number:	CM14-0070022		
Date Assigned:	07/14/2014	Date of Injury:	01/27/2011
Decision Date:	01/31/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/15/2014

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 Rehabilitation, 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 43 year old male with an injury date of 01/27/11. Based on 03/24/14 progress report, the patient complains of pain in the lower back rated at 1/10. He also reports weakness in the legs, especially after prolonged walking. Physical examination reveals diffused tenderness to palpation in the bilateral paraspinal musculature. There is limited range of motion along with decreased sensation in the S1 dermatome. The patient is taking Norco for pain relief, as per progress report dated 03/24/14. The patient is also benefiting from a home exercise regimen, as per the same progress report. The patient is currently working full duty without any restrictions, as per progress report dated 03/24/14. MRI of the Lumbar Spine reviewed in the AME report, as per progress report dated 03/24/14:- Compression fracture at L1- L5 anterolisthesis with bilateral spondylosis with right sciatica- Degenerative disc disease at L3 through S1 Diagnoses, 03/24/14:- Multilevel disc herniations of the lumbar spine, most significant at L5-S1, with moderate to severe neural foraminal narrowing- Bilateral L5 pars defect- Retrolisthesis at L3-4 and L4-5, and grade I spondylolisthesis at L5-S1 The provider is requesting for (2 OF 3) [REDACTED] ON LINE AS RECOMMENDED PER AME. The utilization review determination being challenged is dated 05/02/14. The rationale was that the [REDACTED] program "would not be considered a medical treatment for an injury. Obesity is not an injury." Treatment reports were provided from 11/07/13 - 03/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(2 of 3) [REDACTED] program online as recommended per AME: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The patient presents with pain in the lower back, rated at 1/10, along with weakness in the legs, especially after prolonged walking, as per progress report dated 03/24/14. The request is for (2 of 3) [REDACTED] on line as recommended per AME. 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. There are no discussions regarding weight loss programs in other guidelines such as Official Disability Guidelines (ODG) or ACOEM. AETNA guidelines are consulted which allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitored programs are supported for those with BMI greater than 30, but excludes [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. In this case, the available progress reports do not document the patient's weight or BMI. However, in progress report dated 03/24/14, the provider states that the patient has gained 25 lbs. since the injury. The AME had recommended the [REDACTED] program as "a weight reduction program over a 4-6 month time period so he can eliminate obesity." The provider states that "Treatment should not be denied that is recommended by the AME." However, there currently is lack of any clear guidelines for name brand weight loss programs. AETNA does not support [REDACTED], [REDACTED], [REDACTED] and other name brand weight loss programs. The provider does not explain why the patient is unable to increase activity level and control caloric intake to accomplish weight loss. The program is not physician supervised either. The request is not medically necessary.