

Case Number:	CM15-0007047		
Date Assigned:	01/22/2015	Date of Injury:	10/03/2010
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a female, who sustained an industrial injury on October 3, 2010. The mechanism of injury is unknown. The diagnoses have included thoracic/lumbar neuritis, radiculopathy, displaced lumbar intervertebral disc and issue repeat prescriptions. Treatment to date has included epidural steroid injection and medications. Currently, the injured worker complains of pain in her back down her legs and difficulty with weight bearing. She continues to ambulate with a cane. She stated her weight loss center referral expired and she has not been going. She is back on a regular diet and has gained back a bit of weight. She is unable to exercise due to her back condition. On December 11, 2014, Utilization Review non-certified weight loss treatment to lose 40 pounds, noting the Non-Medical Treatment Utilization Schedule Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of weight loss treatment to lose 40 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss treatment to lose 40 lbs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5 - Treatment of Obesity

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Personal Risk Modification Page(s): 11. Decision based on Non-MTUS Citation Weight loss. http://en.wikipedia.org/wiki/Weight_loss.

Decision rationale: According to MTUS guidelines, strategies based on modification of individual risk factors such weight loss may be less certain, more difficult, and possibly less cost-effective to prevent back pain. There is no documentation that the patient failed weight control with exercise and diet. Caloric restriction associated to Diet modification, exercise and behavioral modification are the first line treatment of obesity. They don't require formal program. Drug therapy and surgery could be used in combination to the other modalities. Based on the documentation presented for review, the patient stated her weight loss center referral expired and she has not been going. Since then, she started regaining weight back. There is no clear explanation to why she stopped going. There is no documentation that the patient failed to lose weight with exercise and diet. Therefore, the request for weight loss treatment is not medically necessary.