

Case Number:	CM15-0009142		
Date Assigned:	01/27/2015	Date of Injury:	05/01/2012
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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: Texas, New York, 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:

The injured worker is a 45 year old female, who sustained a work/ industrial injury on 5/1/12. She has reported symptoms of severe low back pain with shooting sensation down her legs L>R. Pain was reported 6-7/10. The diagnoses have included lumbosacral sprain/strain, L5-S1 lateral disc herniation and lumbar radiculitis. Physical exam revealed moderate tenderness over the left gluteus maximus region. Range of motion of the lumbar spine was between 50-60% with guarding. Manual muscle testing of the lower extremities revealed diminished muscle strength at 4/5 in the left knee extension, 4/5 in the left ankle dorsiflexion and plantar flexion. There was diminished sensation over the left L5 distribution. Straight leg raising test was positive in the left lower extremity at 45 degree angle in a sitting position. Treatments included analgesics, conservative treatments, epidural injections, physical therapy, and acupuncture. A request was made for a weight loss program to reduce the pressure on the back. On 12/16/14, Utilization Review non-certified a Weight Loss Program, noting non MTUS, ACOEM Guidelines, (or ODG) citing.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5 - Treatment of Obesity (Rev. 54, Issued: 04/28/06, Effective: 02/21/06, Implementation: 05/30/06 Carrier/10/02/06 FI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: No, the proposed weight loss program is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific factors such as the weight loss program at issue may be "less certain, more difficult, and possibly less cost effective." Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. The applicant's height, weight, and BMI were not clearly reported or documented on multiple office visits referenced above, in May 2014. Therefore, the request was not medically necessary.