

Case Number:	CM15-0133018		
Date Assigned:	07/21/2015	Date of Injury:	04/06/2012
Decision Date:	08/27/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 61 year old male who sustained a work related injury April 6, 2012. While on a ladder, re reached out working on a scoreboard, jarred his back and developed low back pain with radiation down the lower extremity. Past history included status post rotator cuff repair, status post left ankle ORIF (open reduction internal fixation). According to a pain and rehabilitative physician's progress report, dated June 8, 2015, the injured worker presented for follow-up of chronic low back pain due to lumbar disc degeneration, lumbosacral spondylosis, and sciatica. He completed 6 sessions of physical therapy, but stated his pain increased with activity. He continues to report severe and constant low back pain with radiation to the bilateral lower extremities, left worse than right. There is radiating numbness and an intermittent burning sensation down the right leg and foot. He had been trying to use his treadmill for exercise to help facilitate weight loss, but he continues to have pain. Objective findings revealed; morbid obesity (no value given), and an antalgic gait. Musculoskeletal strength right lower extremity; thigh flexion 5 out of 5, lower leg flexion 4 out of 5, lower leg extension 4 out of 5, ankle dorsiflexion 3 out of 5, ankle plantar flexion 3 out of 5, and extensor hallucis longus 4 out of 5. Spasm and guarding is noted in the lumbar spine. A discussion took place over weight loss. The injured worker is motivated to lose weight but would like support. An office visit, dated July 9, 2014, found the injured worker to be 6' 1" and 331 pounds. Diagnoses are degeneration lumbar lumbosacral disc; disorders sacrum; sciatica; spondylosis lumbosacral. At issue, is a request for authorization for a Weight Watchers membership for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight watchers membership for 6 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, updated 5/15/2015 - online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH weight loss.

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 1. lower blood pressure. 2. Lower elevated levels of total cholesterol, LDL and triglycerides. 3. Lower elevated levels of blood glucose levels. 4. Use BMI to estimate relative risk of disease. 5. Follow BMI during weight loss. 6. Measurement of waist circumference. 7. Initial goal should be to reduce body weight by 10%. 8. Weight loss should be 1-2 pounds per week for an initial period of 6 months. 9. Low calorie diet with reduction of fats is recommended. 10. An individual diet that is helped to create a deficit of 500-1000 kcal/day should be used. 11. Physical activity should be part of any weight loss program. 12. Behavioral therapy is a useful adjunct when incorporated into treatment. The medical records show that the request meets recommendations per the NIH and therefore is medically necessary.