

Case Number:	CM15-0137091		
Date Assigned:	07/27/2015	Date of Injury:	11/13/2014
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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 40-year-old female who sustained an industrial injury on 11/13/2014. Mechanism of injury was a trip and fall and felt immediate low back pain. Diagnoses include spinal stenosis of the lumbar region, lumbar disc herniation, disc degeneration and lumbar spondylosis. Treatment to date has included diagnostic studies, medications, and a home exercise program. Her medications include Nalfon, Norco, Soma and Lunesta. She is currently not working. A physician progress note dated 06/18/2015 documents the injured worker presents with increased low back pain, now constant moderate to severe, due to activities and water aerobic exercises. She has increased back spasms, and she has stiffness and tightness. The pain radiates down her right thigh, and there is numbness and tingling in her right leg to her foot. About 4 weeks ago she started water aerobics every other day causing an increase in her back pain and spasms. She walks daily for 30 minutes to help lose weight, and continues to watch her calorie intake. On examination, she has palpable paralumbar spasms noted. She is 5'5" tall and weighs 223 pounds. BMI is 38. Treatment requested is for a Medical Weight Loss Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH Publication No. 00-4084, October 2000.

Decision rationale: The MTUS Guidelines does not address weight loss programs as medically necessary treatment. The cited guidelines do not address any specific weight loss program. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss, therefore, the request for medical weight loss program is determined to not be medically necessary.