

Case Number:	CM15-0139107		
Date Assigned:	07/29/2015	Date of Injury:	09/25/2001
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Emergency 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 64 year old female, who sustained an industrial injury on 9/25/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbago, pain in joint, lower leg, and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of low back pain, rated 5/10. Medications included Methylprednisolone, Naproxen, Soma, and Norco. Exam noted tenderness over her lumbar paraspinals, pain on bilateral knee joints, active range of motion restrictions due to pain, and limp with ambulation. It was documented that her weight contributed to her ongoing pain problems and that a weight loss program or possible surgical intervention for weight loss would be beneficial. The treatment plan included a weight loss program for possible surgical procedure for weight loss. She remained off work. Her body mass index was not noted. Recent attempts at weight loss were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program for possible surgical procedure for weight loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter - Body mass index (BMI); National Institutes of Health - Obesity.

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

Decision rationale: The request is for enrollment in a weight loss program. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Furthermore, documentation does not clearly define the weight of the injured worker, body mass index, methods for previous weight loss, and why a specific weight loss program is necessary. The request as written is not medically necessary.