

Case Number:	CM15-0148564		
Date Assigned:	08/11/2015	Date of Injury:	09/07/2010
Decision Date:	09/08/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 was a 28 year old female, who sustained an industrial injury, September 7, 2010. The injured worker previously received the following treatments chiropractic services, physical therapy and multiple epidural steroid injections. The injured worker was diagnosed with degenerative disc disease, L5-S1 retrolisthesis, L5-S1 moderate disc degeneration, L3-L4, L4-L5 small disc herniation and L5-S1 with right sided radiculopathy. According to progress note of June 9, 2015, the injured worker's chief complaint was continued lower back pain with bilateral lower extremity pain, right worse than the left. The back and leg pain were equal in intensity. The physical exam noted the injured worker ambulated with a cane. The lumbar flexion was 20 degrees; extension was 5 degrees, later bending of 10 degrees to the right and 15 degrees to the left. The injured worker reported numbness tingling and weakness in the right lower extremity. The knee and ankle reflexes were symmetrical. The motor and sensory exam of the lower extremities was normal. The injured worker had been gaining weight due to inactivity. The treating physician was recommending walking as much as possible and declined the request to renew disability parking sticker. The injured worker needed help with adjusting diet, depression and inactivity. The treatment plan included request for a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program ([REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Obesity in Adults (US). Bethesda (MD): National Heart, Lung, and Blood Institute; 1998 Sep.

Decision rationale: Weight loss program ([REDACTED]), weeks is not medically necessary per the MTUS guidelines and the guidelines from the NHLBI. The MTUS states that to achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. The NHLBI states that there is strong evidence that combined interventions of a low calorie diet, increased physical activity, and behavior therapy provide the most successful therapy for weight loss and weight maintenance. The documentation does not reveal that the patient has attempted exercise, weight loss or diet changes independently. The request for a weight loss program furthermore does not specify duration. For these reasons this request is not medically necessary.