MAXIMUS Federal Services

Case Number:	CM15-0160065		
Date Assigned:	08/26/2015	Date of Injury:	03/08/2012
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 male, who sustained an industrial injury on 3-08-2012. He reported a lifting injury to his back when he was replacing tires. The injured worker was diagnosed as having lumbar disc displacement. Treatment to date has included diagnostics, lumbar spinal surgery in 1-2013, physical therapy, home exercise program, and medications. Currently (6-29-2015), the injured worker complains of low back pain with radiation to the right lower extremity, rated 9 out of 10. Associated symptoms included weakness, numbness and tingling. He also reported bilateral wrist and hand pain with radiation to the bilateral upper extremities, rated 9 out of 10 and associated with numbness and tingling. He also reported symptoms of anxiety, depression, stress, and insomnia. His current medications included Tylenol #4, Ibuprofen, and Omeprazole. His weight was 258 pounds and body mass index was 44%. An Agreed Medical Examination (4-21-2015) report was referenced and included, recommending access to weight loss treatment and access to lumbar fusion surgery after weight loss. He advised that he could not lose weight on his own and would like to have some assistance in that capacity. The treatment plan included a referral for a weight loss program for an approximate 50 pound weight loss treatment plan. His work status was permanent and stationary. The PR2 (6-01-2015) noted that he would like to try to lose weight and avoid surgery. He was inactive due to his orthopedic problem and was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for a weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=48761#Section424.

Decision rationale: The Academy of Nutrition and Dietetics recommends behavioral interventions and caloric restriction as a part of a weight loss program for individuals. However, the guidelines do not provide guidelines for referral to a specific weight loss program. This patient is obese based upon BMI calculations using height and weight. There are no other medical problems noted such as Diabetes, Hypertension, Sleep Apnea or Hearth Disease. There are no medications prescribed for any other medical condition except for those treating the lower back pain. The Agreed Medical Evaluation states that the patient is under the impression that if there is appropriate weight loss that he would not need to undergo a spinal fusion. The medical records do not explain why spinal surgery is necessary if there is no weight loss or why spinal surgery is not needed if weight is lost. There are no reported medical conditions associated with obesity in this individual and there is no description of what weight strategies have been employed up until this point. Therefore, this request for participation in a weight loss program is not medically necessary.