MAXIMUS Federal Services

Case Number:	CM15-0164997		
Date Assigned:	09/02/2015	Date of Injury:	06/03/2013
Decision Date:	10/05/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/22/2015

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 45 year old female who sustained an industrial injury on 6-3-13. Diagnoses are lumbar pain, radiculitis, and status post lumbar fusion. In a progress note dated 8-5-15, the physician reports the injured worker is 8 months status post multilevel lumbar fusion and has recovered from a bowel surgery for a bowel obstruction as well. Low back pain is rated as 4-5 out of 10 and pain to the medial and lateral thigh on the left is reported. It is noted she is having some difficulties optimizing her weight. She had lost 40 pounds previously, but has been gaining the weight back because it has been difficult for her to exercise and maintain a proper diet. She has restarted aqua therapy. Medications are Tramadol, Soma, Meloxicam, and Lidoderm Patches. She has a normal gait pattern, is able to forward flex to approximately 90 degrees with pain and has minimal extension because of pain. Work status is total temporary disability. The treatment plan is a computerized tomography scan to evaluate the fusion and a weight loss program. The requested treatment is a weight loss program for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program x 3 months: 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 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. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there is no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore there is no way to see if the requested program meets NIH standards. Therefore the request is not certified.