

Case Number:	CM15-0180318		
Date Assigned:	09/22/2015	Date of Injury:	07/23/2014
Decision Date:	10/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female who sustained an injury on 7-23-14 resulting when she fell backwards and hit her left arm, right thigh and landed on her buttocks and lower back. Diagnoses are degeneration of lumbar intervertebral disc with myelopathy and lumbar musculoligamentous injury. Treatment has included medication, physical therapy, chiropractic therapy, acupuncture, and pain management. Medications included Naproxen, Tramadol and various ointments for relief of the pain. Diagnostic tests included X-rays and MRI of the lumbar spine. The progress report on 7-27-15 indicates she had recent surgery to the lower back and reported some improvements in her leg complaints and that the radiating back pain has resolved. She is significantly overweight and it is very important for her to reduce her weight in the recovery period. She is five feet one inches tall and weighs 220 pounds and will require approximately 80 pound reduction and without the reduction it is unlikely that her complaints will resolve completely. Neurologically motor strength is intact and has increased her ambulation significantly as compared to her preoperative level of ambulation. Physical therapy 18 sessions postoperatively and [REDACTED] for her to reduce approximately 80 pounds was requested. Utilization review 8-14-15 requested treatments non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED] Guidelines, Weight loss programs.

Decision rationale: The patient presents with low back pain with lateral thigh pain radiating to the right knee. The current request is for Weight loss program with [REDACTED]. The treating physician's report dated 07/27/2015 (53B) states; however, as part of her recovery, it is very important for her to reduce weight. The patient is significantly overweight and it is likely to inhibit or slow down her healing process. The patient is 5 feet 1 inch tall and weighs 220 pounds. The patient will require reducing approximately 80 pounds. Without this weight reduction, it is unlikely that her complaints will resolve completely even with successful surgery. The MTUS Guidelines pages 46 and 47 recommend exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There are no discussions regarding weight loss program in other guidelines such as ODG or ACOEM. However, [REDACTED] Guidelines allow up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period. Physician monitored programs are supported for those with BMI greater than 30, but excludes [REDACTED], or similar programs. Medical records show that the patient has not tried any weight loss programs in the past. While it may be appropriate to consider a physician-based weight loss program given the patient's current BMI of 41.57, programs like [REDACTED] are not supported by the [REDACTED] Guidelines. The current request is not medically necessary.