MAXIMUS Federal Services

Case Number:	CM15-0193132		
Date Assigned:	10/07/2015	Date of Injury:	06/14/2014
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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: Internal Medicine, Rheumatology

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 28 year old male, who sustained an industrial injury on 6-14-14. She is diagnosed with L4-L5, L5-S1 disc protrusion with annular tear at L5-S1, lumbar radiculopathy and morbid obesity. Her work status is temporary total disability, permanent and stationary. Notes dated 8-12-15 - 9-14-15 reveals the injured worker presented with complaints of constant, severe low back pain (right greater than left) that frequently radiates to her bilateral lower extremities and is described as sharp, dull, aching, burning, numbing, shooting, tightness, throbbing, diffuse and tingling and is rated at 7-8 out of 10. Her pain is increased by movement, applied pressure, coughing, sneezing and prolonged sitting. Physical examinations dated 6-22-15 - 8-28-15 revealed a morbidly obese (307 pounds) injured worker. She exhibits restricted and painful lumbar spine motions and a guarded gait. There is a localized tenderness and muscle spasm of the lumbar spine. She experiences radicular symptoms with lower extremity pain. She experiences difficulty maintaining a comfortable position; therefore, moves and shifts frequently during the appointment. Treatment to date has included psychotherapy, chiropractic treatments without substantial improvement per note dated 9-14-15, lumbar epidural injection provided temporary improvement, walker for ambulation and medications provide slightly less severe pain. Diagnostic studies to date have included electrodiagnostic studies and MRI, which revealed lumbar radiculopathy, L4-L5 4mm disc protrusion and L5-S1 5mm disc protrusion with annular tear, per physician note dated 8-12-15. A request for authorization dated 9-14-15 weight loss program is denied, per Utilization Review letter dated 9-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: This 28 year old male has complained of low back pain since date of injury 6/14/14. He has been treated with chiropractic therapy, epidural steroid injection, physical therapy and medications. The current request is for a weight loss program. Per the MTUS guidelines cited above, a weight loss program is not indicated as medically necessary in the treatment of low back pain. On the basis of the available medical records and per the guidelines cited above, a weight loss program is not medically necessary.