

Case Number:	CM15-0194327		
Date Assigned:	10/08/2015	Date of Injury:	01/06/2010
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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 51 year old female, who sustained an industrial-work injury on 1-6-10. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbago. Treatment to date has included medication, surgery (posterior lumbar interbody fusion at L4-S1). Currently, the injured worker complains of intermittent pain in the low back, hardware pain, with no signs of radiculitis and difficulty sleeping. The pain is improving. Per the primary physician's progress report (PR-2) on 7-13-15, exam noted weight of 265 pounds and BMI of 39. There is palpable paravertebral muscle tenderness with spasm, range of motion is guarded and restricted. Coordination and sensation are normal. Current plan of care includes refill of medications that are beneficial for performing ADL's (activities of daily living) and continue working and a weight loss program. The Request for Authorization requested service to include Ten (10) week [REDACTED] weight loss program. The Utilization Review on 9-23-15 denied the request for Ten (10) week [REDACTED] weight loss program, per Medical Disability Advisor by [REDACTED], MD. Obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) week [REDACTED] weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by [REDACTED], MD. Obesity.

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

Decision rationale: This 51 year old female has complained of low back pain since date of injury 1/6/2010. She has been treated with surgery, physical therapy and medications. The current request is for ten (10) week [REDACTED] weight loss program. Per the MTUS guidelines cited above, a weight loss program is not a recommended treatment modality for lower back pain. On the basis of the available medical records and per the MTUS guidelines cited above, a 10 week [REDACTED] weight loss program is not medically necessary.