

Case Number:	CM15-0209600		
Date Assigned:	10/28/2015	Date of Injury:	01/27/2015
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/24/2015

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: Arizona, California

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 42 year old male who sustained an industrial injury on January 27, 2015. The worker is being treated for: lower back pain radiating to buttocks and left posterior thigh. Subjective: February 06, 2015 he reported complaint of low back pain radiating to bilateral buttock and posterior left leg. The pain is rated "9" intensity level out of 10. February 18, 2015 reported injury is 40% better. March 04, 2015 reported back pain decreasing, described as dull, moderately severe. March 18, 2015 reported lumbar spine sharp pain. April 01, 2015 reported pain "is mild." Objective: February 06, 2015 noted the patient with abnormal gait; spasms and tenderness of the paravertebral muscles, and restricted back range of motion. He exhibited difficult heel toe ambulation; side bending is noted weakened. March 04, 2015 noted abnormal gait and posture. There is noted tenderness to palpation of the thoracolumbar spine and paravertebral musculature. A heel toe ambulation performed without difficulty. He is currently attending chiropractic treatment. March 18, 2015 noted the patient with normal gait and full weight bearing on bilateral extremities and he has normal posture. There are spasms noted in the thoracolumbar spine and paravertebral musculature. A heel toe ambulation performed without difficulty. Medication: February 06, 2015, March 04, 2015, and April 01, 2015: dispensed Nabumetone, Acetaminophen, and Orphenadrine Citrate ER and prescribed: the same. Treatment: gait training for using a cane, lumbar support brace, heat pad, activity modification, physical therapy, chiropractic treatment. On October 01, 2015 a request was made for a weight reduction program 3 month trial that was noncertified by Utilization Review on October 08, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight reduction program 3 month trial: 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 National Guidelines for weight loss Agency for Healthcare Quality Research, 2010 Feb. p.96.

Decision rationale: According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no indication of calorie reduction, exercise or other behavioral interventions. There is no indication of failure or regaining of weight after prior attempts to lose weight. Therefore the request for a weight management program is not medically necessary.