

Case Number:	CM15-0023867		
Date Assigned:	02/13/2015	Date of Injury:	02/11/2009
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 70-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 11, 2009. In a Utilization Review Report dated January 15, 2015, the claims administrator partially approved request for a six-month weight loss program as a two months, trial of the same. The claims administrator referenced a December 30, 2014 progress note in its determination. The claims administrator also referenced a historical progress note of July 27, 2011 in which it was stated that the applicant stood 5 feet 10 inches tall and weighed 210 pounds. The applicant's attorney subsequently appealed. In a December 3, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. Ancillary complaints of knee and hip pain were also noted. The applicant was using Norco, Fexmid, and naproxen for pain relief. The applicant was also using Prilosec and LidoPro. Urine drug testing was performed. The applicant's height, weight, and BMI were not reported on this dated. A weight loss program was nevertheless proposed. On November 24, 2014, the applicant again reported multifocal complaints of low back, knee, and hip pain. The applicant again exhibited stiff and antalgic gait. Once again, the applicant's height, weight, and BMI were not proposed. The applicant did receive trigger point injections in the lumbar spine region. The applicant was off of work, it was suggested.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Prevention 11.

Decision rationale: 1. No, the proposed weight loss program was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of individual risk factors such as the weight loss program at issue may be "less certain, more difficult, and possibly less cost effective." Here, the attending provider did not furnish any clear or compelling applicant-specific rationale so as to augment and/or offset the tepid ACOEM position on the article at issue. It was not clearly established what attempts the applicant had made (if any) to try and lose weight of his own accord. The applicant's height, weight, and BMI were not clearly stated on any of the progress notes in question. Therefore, the request was not medically necessary.