

Case Number:	CM15-0026779		
Date Assigned:	02/19/2015	Date of Injury:	05/18/2012
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 60 year old male, who sustained an industrial injury on May 18, 2012. The injured worker had reported low back pain. The diagnoses have included recurrent lumbar disc herniation, severe discogenic pain, lumbar degenerative disc disease and bilateral foraminal stenosis, lumbar spondylolisthesis, neuropathic pain with radicular symptoms and major depression. Treatment to date has included pain management, physical therapy, chiropractic treatment, psychiatric evaluations, cognitive behavior therapy, acupuncture therapy, lumbar discectomy and bilateral lumbar transforaminal epidural steroid injections. Current documentation dated December 12, 2012 notes that the injured worker reported low back pain and bilateral lower extremity pain, left greater than the right. Associated symptoms include weakness and numbness and tingling of the left lower extremity. He also reported headaches and depression. Documentation dated January 22, 2015 notes the injured worker reported lumbar pain and spasms to palpation. Range of motion was decreased due to pain. Straight leg raise was positive on the left side. On January 30, 2015 Utilization Review non-certified a request for a weight loss program. Non- MTUS, ACOEM Guidelines, was cited. On February 12, 2015, the injured worker submitted an application for IMR for review of a weight loss program.

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 CMS 40.5 Treatment of Obesity

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>

Decision rationale: Pursuant to Medline plus (see attached link) weight loss program is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are recurrent disc herniation L5 - S1; severe discogenic pain, degenerative disc disease and bilateral foraminal stenosis L4 - L5 and L5 - S1; retrolisthesis/spondylolisthesis and L4 - L5, grade 1; neuropathic pain with radicular symptoms; major depression; gastritis; and left sacroiliitis. The documentation demonstrates the injured worker has multiple subjective complaints. There are no height and weights listed in the medical record. There is no BMI noted in the medical record. The diagnoses do not contain an entry of obesity. The treatment plan mentions a weight loss program. There is no clinical indication or rationale documented in the medical record for a weight loss program. Consequently, absent clinical documentation demonstrating a clinical indication and or rationale with a weight, height and BMI, weight loss program is not medically necessary.