

Case Number:	CM15-0039225		
Date Assigned:	03/10/2015	Date of Injury:	06/14/2014
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/03/2015

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: Florida

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 25-year-old female, who sustained an industrial injury on June 24, 2014. She reported low back pain after lifting a box. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain/strain, anxiety, and depression. Treatment to date has included physical therapy, and medications. The injured worker was seen on October 8, 2014, for a pain management consultation for continued dull sharp pain in the low back with radiation into the hips, legs and feet. She reports weakness in the legs, and increased pain with prolonged activities. She indicates a temporary relief of pain with medications, and physiotherapy. The provider notes her to be an obese female. Physical findings are noted to be tenderness in the lumbar spine, and a positive heel walk test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program 1 Time A Week for 1 Week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians. Which Weight-Loss Programs Are Most Effective Am Fam Physician. 2012 Aug 1 ;86 (3): 280-282.

Decision rationale: This review is for a one time weight loss program request. That the injured worker is obese secondary to her injury has not been established. She may have been obese before her injury. While it is true that weight loss may aid this injured worker in her recovery, there is no evidence that a one time a week for one week weight loss program will be more effective than a home diet and exercise program. Likewise, this request is not considered medically necessary.