

Case Number:	CM15-0040392		
Date Assigned:	03/10/2015	Date of Injury:	10/22/2012
Decision Date:	04/17/2015	UR Denial Date:	02/17/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male who sustained an industrial injury on 10/22/12. Initial complaints and diagnoses were not available in the submitted record. Prior treatments include medications and a weight loss program. Diagnostic tests are not discussed. Current complaints include back pain radiating leg pain with neurogenic claudication. In a progress note dated 11/22/14, the treating provider reports the plan of care includes continued weight loss program, medications, and after another 30-40 pound weight loss he will have an anterior posterior fusion L4-5. The requested treatment is continued weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued 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 Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation AETNA on Weight Loss Programs.

Decision rationale: The patient presents with back pain radiating to the left leg. The physician is requesting CONTINUED WEIGHT LOSS PROGRAM. The RFA from 11/22/2014 shows a request for continued weight-loss program RTC 4 to 6 weeks. The patient's date of injury is from 10/22/2014 and he is currently temporarily totally disabled. The MTUS Guidelines pages 46 and 47 recommend exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any exercise regimen. There are no discussions regarding weight loss program in other guidelines such as ODG or ACOEM. However, Aetna Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitor programs are supported for those with BMI greater than 30, but excludes [REDACTED], or similar programs. The 11/22/2014 report shows that the patient is a surgical candidate for fusion. The patient is trying to continue to lose weight. He is now down to 264 pounds and the physician would like him to be close to 220 pounds prior to doing any major surgery for safety reasons. The patient's BMI was not made available. There is no discussion as to what weight loss program the patient is in and how long the patient has participated in this program. Furthermore, the request does not specify the duration of treatment. The patient does not meet the criteria based on the AETNA Guidelines, the request IS NOT medically necessary.