MAXIMUS Federal Services

Case Number:	CM15-0040982		
Date Assigned:	03/11/2015	Date of Injury:	12/21/2011
Decision Date:	04/21/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 injured worker is a 24-year-old male, who sustained a work related injury on 12/21/11. He was lifting a heavy curtain weighing approximately 50-70 pounds. He pulled the curtain edge and twisted body to the right and fell to the ground. He experienced sharp pain in his low back and left hip. The diagnoses have included lumbar sprain/strain, displacement lumbar intervertebral disc without myelopathy, lumbar spinal stenosis, lumbosacral neuritis/radiculitis, and muscle spasm. Treatments to date have included lumbar surgery on 2/6/15, lumbar epidural injection on 9/10/14 that gave him three weeks pain relief, medications and home exercises program. In the PR-2 dated 12/16/14, the injured worker complains of frequent, severe, sharp, throbbing lower back pain with stiffness, heaviness and numbness radiating to left gluteal. He states he is getting worse. He has painful range of motion of lower back. Kemp's sign causes pain. Straight leg raises done while sitting cause pain. He is 6'4" and weighs 248 pounds. The treatment plan is the QME has recommended a weight loss program and this physician is requesting authorization for the 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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15630109.

MAXIMUS guideline: Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039, last reviewed: 03/21/2014.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on the topic of medical weight loss programs. The Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs was referenced in regard to the request. This policy is supported by NHLBI Guidelines on Diagnosis and Management of Obesity. Aetna considers the following medically necessary treatment of obesity when criteria are met: 1. Weight reduction medications, and 2. Clinician supervision of weight reduction programs. The request does not contain documentation that the above criteria are met. Weight Loss Program is not medically necessary.