

Case Number:	CM15-0041453		
Date Assigned:	03/11/2015	Date of Injury:	12/25/2013
Decision Date:	04/14/2015	UR Denial Date:	03/04/2015
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: Connecticut, California, Virginia
 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 33 year old female, who sustained a work/ industrial injury on 12/25/13. She has reported initial symptoms of low back pain with radiation to the shoulders. The injured worker was diagnosed as having lumbosacral strain. Treatments to date included: medication, epidural steroid injections, and aquatic therapy. Magnetic Resonance Imaging (MRI) reported degenerative disc disease, herniated nucleus propulsus. Currently, the injured worker complains of increase in back pain with radiation to right leg. The treating physician's report (PR-2) from 2/11/15 indicated the injured worker went to the emergency room on 2/5/15 due to the increased back pain. The injured worker did get relief with prior epidural injections to 40%. There was report of 5 pound weight loss, now weighing in at 272 pounds. Exam noted decreased range of motion to the lumbar spine, and positive straight leg raise (SLR) on the right. The injured worker did not want invasive treatment at that time, requesting to lose weight first. Treatment plan included modified duty/restrictions and outpatient 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 as related to lumbar injury as outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Annals of Internal Medicine, Volume 142, pages 1-42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am J Health Promot. 2010 Sep-Oct; 25(1):26-9. doi: 10.4278/ajhp.080923-ARB-208. Weight-loss programs in convenient care clinics: a prospective cohort study. Wollner S1, Blackburn D, Spellman K, Khaodhiar L, Blackburn GL. The study shows that a medical weight-loss program offered at a CCC in a retail pharmacy can produce medically significant weight loss of > or =5%.

Decision rationale: It is clear and generally accepted that weight loss is beneficial in a variety of conditions, including in improving many orthopedic conditions like those in the case of this injured worker. The provided documents indicate that weight loss would potentially benefit the patient with respect to her lumbar condition, and with a current weight of over 270 pounds, even without a documented height with which to calculate BMI, weight loss seems reasonable as a treatment modality. The MTUS and ODG guidelines do not provide insight into medical weight loss program recommendations. Utilization review non-certified the treating physician's request based on the literature, however, more recent evidence supports that medical weight-loss programs may produce medically significant weight loss. An initial trial period of a program with the opportunity for further treatment approval should successful weight loss be documented is a reasonable approach. Close follow up for evaluation of treatment efficacy is warranted, especially in light of still conflicting data as to definitive efficacy of such programs. Therefore, the in the opinion of this reviewer, the request for a medical weight loss program can be considered medically appropriate.