MAXIMUS Federal Services

Case Number:	CM15-0042359		
Date Assigned:	03/12/2015	Date of Injury:	10/03/2013
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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 57 year old male who sustained an industrial injury to his lower back on October 3, 2013. The injured worker was diagnosed with L2-L3 disc protrusion with bilateral paracentral extrusion indenting the thecal sac, L2-L3 bilateral radiculopathy per Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies performed in June 2014, magnetic resonance imaging (MRI)-proven spinal stenosis at upper lumbar with radiculitis and radiculopathy (no date documented), hypertension secondary to industrial injury, intractable pain, and morbid obesity. According to the primary treating physician's progress report on January 9, 2015, the injured worker continues to experience constant low back pain with radiation to the left lower extremity with associated numbness, tingling and weakness along with left hip pain. The primary treating physician report dated February 11, 2015 the injured worker weighed 347 pounds with a body mass index of 53. A weight loss program has been requested. The injured worker is to continue with his home exercise program, core stabilization exercise and prescribed medication.

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 http://www.ncbi.nim.nih.gov/pubmed/15630109 Systematic review: an evaluation of major commercial weight loss programs in the United States.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47. Decision based on Non-MTUS Citation AETNA website http://www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The patient presents with low back pain radiating to left lower extremity rated at 7-8/10. The request is for WEIGHT LOSS PROGRAM. The request for authorization is dated 02/11/15. He reports of spasms, stiffness, and tightness of the left lower extremity with associated numbness and tingling sensation, as well as weakness. He complains of intermittent right elbow, left hip and bilateral knee pain. The patient is 68" tall and weighs 337 pounds with a BMI of 51. Orthopedic testing reveals straight leg raise, Braggard's and Bowstring's test are all strongly positive to the left. At this time, he has completed physical therapy treatment for his lumbar and now continues with the home exercise program, which includes core stabilization exercise. Patient's medications include Ultram and Zanaflex. The patient is temporarily partially 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. TUS, ODG, and ACOEM are silent regarding the request for weight loss program. Therefore AETNA website http://www.aetna.com/cpb/medical/data/1_99/0039.html was referenced: AETNA guidelines are used which considers weight reduction medically necessary and states considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m2). AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, rice diet or other special diet supplements (e.g., amino acid supplements, Optifast liquid protein meals, [redacted] pre-packaged foods, or phytotherapy), [redacted], or similar programs. Per progress report dated, 02/11/15, treater's reason for the request is "On [redacted] orthopedic AME report, he recommended a weight loss program for this patient. I am in agreement with [redacted]." Physician-monitored programs are supported for those with BMI greater than 30, for which the patient qualifies as discussed by treater. However, progress reports do not define the weight loss goals, nor do they reveal any steps taken by the patient to achieve those goals. There is no mention of trialed and failed caloric restrictions with physical activity restrictions. Furthermore, the request is open ended without a specified duration for the treatment. Therefore, this request IS NOT medically necessary.