

Case Number:	CM15-0055308		
Date Assigned:	03/30/2015	Date of Injury:	07/29/2014
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: Indiana

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 30 year old female, who sustained an industrial injury on 07/29/2014. The initial complaints or symptoms included low back pain. The injured worker was diagnosed as having lumbar spine strain/sprain. Treatment to date has included conservative care, medications, conservative therapies, and radiographic imaging and MRI of the lumbar spine. Currently, the injured worker complains of constant slight, intermittent moderate, and occasionally severe radiating low back pain. Other complaints included paresthesia in both legs/feet, radiating pain into the left lower extremity, weakness in the left leg, difficulty sleeping due to the pain, and anxiety and depression due to pain and loss of work. The injured worker reported relief with rest and medications. The diagnoses include lumbar spine strain/sprain, severe posterior sagittal vertical axis, loss of disc height at L5-S1, moderate facet hypertrophy, disc desiccation, disc protrusions, and disc bulging with bilateral facet hypertrophy and central canal stenosis encroaching the nerve root. It was reported that the injured worker requires lumbar surgery; however, weight loss prior to surgery is needed. The injured worker indicated that she had been trying to lose weight with the reduction in calorie intake and an increase in activity, but had been unsuccessful over the previous several months. The treatment plan consisted of a supervised weight loss program with plans for lumbar surgery at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised Weight Loss Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: UptoDate.com, Obesity in adults: Overview of management.

Decision rationale: MTUS is silent specifically regarding medical weight loss programs. Uptodate states, "Overweight is defined as a BMI of 25 to 29.9 kg/m²; obesity is defined as a BMI of 30 kg/m². Severe obesity is defined as a BMI "40 kg/m² (or 35 kg/m² in the presence of comorbidities)" Additionally, "Assessment of an individual's overall risk status includes determining the degree of overweight (body mass index [BMI]), the presence of abdominal obesity (waist circumference), and the presence of cardiovascular risk factors (eg, hypertension, diabetes, dyslipidemia) or comorbidities (eg, sleep apnea, nonalcoholic fatty liver disease). The relationship between BMI and risk allows identification of patients to target for weight loss intervention (algorithm 1). There are few data to support specific targets, and the approach described below is based upon clinical experience." "All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight loss. For individuals with a BMI 30 kg/m² or a BMI of 27 to 29.9 kg/m² with comorbidities, who have failed to achieve weight loss goals through diet and exercise alone, we suggest pharmacologic therapy be added to lifestyle intervention. For patients with BMI 40 kg/m² who have failed diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI >35 kg/m² with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the procedure." The treating physician writes that the patient is unable to make any progress with weight loss on her own, but do not detail what weight loss (diet, exercise, and counseling) has been undertaken. Also, there are no details to the specific program being requested and evidence that it will be efficacious. Therefore, the request is not medically necessary.