

Case Number:	CM13-0062726		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2012
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Disease and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female who sustained an unspecified injury on 06/06/2012. The documentation submitted for review indicated the patient underwent an MRI of the lumbar spine on 10/17/2012 which had significant findings. The patient underwent an epidural steroid injection on 11/18/2013 with poor outcome. The patient was evaluated on 12/04/2013 for continued low back pain with walking, standing, bending and any type of weight bearing. The documentation indicated the patient was taking tramadol and Norco for pain relief. Upon physical examination the patient was noted to have normal gait and normal arm swing with loss of forward flexion. The patient's assessments were noted as morbid obesity, mild ligamentous lumbar spine strain, and multilevel lumbar spine spondylosis. The documentation submitted for review did not indicate the patient's weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 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.

Decision rationale: The documentation submitted for review did not include the patient's weight. The California MTUS Guidelines recommend exercise be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. The guidelines further state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The documentation submitted for review did not indicate the patient's weight. Thus, the need for a weight loss program is unclear. Furthermore, the request submitted for review did not indicate the type of weight loss program or the duration of treatment being requested. Therefore, the need for the weight loss program is unclear. Given the information submitted for review the request for 1 weight loss program is non-certified.