

Case Number:	CM14-0002699		
Date Assigned:	01/29/2014	Date of Injury:	10/06/2010
Decision Date:	06/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery and Spine Surgery, and is licensed to practice in Texas. 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 injured worker is a 46-year-old who sustained an injury to her low back on October 6, 2010, while walking into an office at her school, she slipped on the wet floor, landing on her right buttock and hip region. An immediate onset of pain was reported. Her symptoms did not improve and she was referred to an orthopedic specialist, who prescribed medications and physical therapy. She was referred to a pain specialist and received a series of epidural steroid injections that did not provide significant benefit. She remained quite symptomatic following acupuncture therapy. A prior utilization review dated December 20, 2013 for ██████ Weight Loss Program was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ **WEIGHT LOSS PROGRAM X 10 WEEKS:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article "Weight-Loss Programs In Convenient Care Clinics: A Prospective Cohort Study;" Samuel Wollner, David Blackburn, Kristina Spellman, Lalita Khaodhiar, and George L. Blackburn (2010).

Decision rationale: The request for [REDACTED] weight loss program x 10 weeks is not medically necessary. The previous request was denied on the basis that national guidelines do not support this request. There was no documentation provided that indicates that the injured worker has tried and failed a reduced calorie diet along with an exercise program to promote weight loss. There was no additional information provided that would support this request. The request for a [REDACTED] Weight Loss Program for ten weeks is not medically necessary.