MAXIMUS Federal Services

Case Number:	CM14-0124052		
Date Assigned:	08/08/2014	Date of Injury:	06/30/2009
Decision Date:	10/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 59-year-old female was reportedly injured on June 30, 2009. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated an antalgic gait favoring the left side. There was tenderness along the lumbar spine paravertebral muscles and facet tenderness at L5 - S1. There was a positive left-sided Faber's test, sacroiliac thrust test, and Kemp's test. There was also tenderness at the left sacroiliac joint. A left-sided straight leg raise test was positive at 50. There was also tenderness over the greater trochanteric bursa of the left hip and decreased sensation at the left L3 and L4 dermatome. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine epidural steroid injections. A request had been made for a 10 week weight loss program and a resistance chair and was not certified in the pre-authorization process on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Week Weight Loss Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management,Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation http://www.ncbl.nlm.nlh.gov/pubmed/15630109

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Meta-analysis of the Efficacy of Weight Loss Programs, (Tsai and Wilson, 2005)

Decision rationale: Weight loss is a lifestyle issue that relates to calories consumed and calories expended. Counseling for diet and exercise as well as behavioral therapies are the mainstays of treatment of obesity. The injured employee should be monitored for several weeks for compliance and effectiveness of a self motivated weight loss program. However, weight loss is not necessarily a medical necessity. The request for 10 Week Weight Loss Program is not medically necessary.

Resistance Chair: 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 Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment, Updated August 25, 2014

Decision rationale: According to the Official Disability Guidelines an item such as a resistance chair to qualify for durable medical equipment, is an item that is primarily and customarily used to serving medical purpose and is generally not useful to a person in the absence of illness or injury. As such, request for a Resistance Chair is not medically necessary.