

Case Number:	CM14-0142153		
Date Assigned:	09/10/2014	Date of Injury:	01/03/2010
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Medicine 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:

This is a 56-year-old male patient who reported an industrial injury on 12/1/2011, almost three (3) years ago, attributed to the performance of his usual and customary job duties reported as pulling a fuel hose and falling to his right knee. The patient was noted to have undergone arthroscopic surgical intervention to the right knee during July 2010. The patient complains of persistent low back pain and right lower extremity pain. The patient was evaluated by a spine surgeon who recommended multilevel lumbar fusion however, the patient wishes to avoid surgical intervention. The patient was not thought to be a good surgical candidate due to his weight issues. Since he was not a good surgical candidate due to morbid obesity he was sent to pain management for treatment. The patient complained of low back pain with numbness and tingling radiating down the right lower extremity. The patient also has an ongoing of comorbidities, such as, Gout, hypothyroidism, diabetes mellitus, hypercholesterolemia, and hypertension. The objective findings on examination included antalgic gait; morbidly obese; diminished range of motion to the lumbar spine; positive SLR reported to the right; no focal motor deficits on the right lower extremity; tendon reflexes were 2+ bilaterally. The diagnoses included multilevel lumbar spondylosis with stenosis; right lower extremity probable L5-S1 radiculopathy; internal derangement right knee status post arthroscopic surgical repair. The patient was reportedly going to require a functional restoration program. The patient was prescribed a supervised weight loss program. The patient was also recommended to have a trial of lumbar epidural steroid injection. The patient was continued on Norco.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nutrition Concepts by Franz, Inc.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines physical medicine Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back chapter- physical therapy; exercises, Other Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine

Decision rationale: The CA MTUS, ACOEM Guidelines, and the Official Disability Guidelines do not specifically address the use of weight loss for the treatment of the degenerative disc disease, facet arthropathy and chronic lower back pain and state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The use of gym memberships or advanced exercise equipment without supervision by a health professional is not recommended. The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." There is no demonstrated medical necessity for the requested weight loss program for the treatment of chronic low back pain for this patient.