

Case Number:	CM14-0089792		
Date Assigned:	09/10/2014	Date of Injury:	10/15/2010
Decision Date:	10/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational 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:

Injured worker is a male with date of injury 10/15/2010. Per primary treating physician's pain management progress report dated 5/5/2014, the injured worker states that he has had no new injuries or events requiring treatment. He reports increased tingling in the left foot, and increased pain in the right knee with bending his knee. He states he cannot lie on his right greater trochanter. He states he cannot put weight on his right leg because his right upper leg feels like it has a rod in it. He states that this pain is what he felt on the left prior to surgery. He continues to remain off work since 2/2012. He feels like he is in a fog when he took Norco 5/325, and is off of it. He states tramadol did not work. Tylenol #2 does not provide relief, and he is sleepy with Tylenol #3. He cannot take NSAIDs because of GI distress and is taking acetaminophen. He has problems sleeping with Lidoderm, and has stopped it. He states that he has low testosterone, but his physiican has recommended that if he can go without testosterone he should stay off it. He states he is getting benefit from Lexapro. He states he has received two session of therapy to trasition to a home exercise program which he is doing. He currently reports constant aching pain in the lumbosacral and both buttocks and down the left leg to the Achilles tendosn. He has numbness and tingling in the same distribution. He has right leg pain in the buttock and calf, but no numbness or tingling. He states about 50% of his complaints are in the back and 50% in the right leg. He reports constant aching in the anterior aspect of the left shoulder. He has tingling in the left ring and little fingers. He reports difficulty with bending, twisting, standing in one place, sitting, and turning in bed. Pain is made worse by standing and walking for more than 5 minutes and better by sometimes sitting. He rates his pain at 5/10 currently, 9/10 at worst, and 4/10 at best. On examination his height is 5 feet, 9 inches, and his weight is 140 pounds. His left shoulder can abduct to 120 degrees, otherwise the left and right upper extremities showed full range of motion. The gait was severely antalgic, protecting the right leg. He was able to get on

the heels and toes without difficulty. The back was straight and symmetrical, with a 5 cm low midline lumbar scar. He denies that the back was painful to palpation in the lumbosacral junction. He denies that the posterior superior iliac spine was painful to palpation. He states that the right buttock was painful to palpation, and the pain radiated to the greater trochanter and hamstring. There was a band and twitch. Spasm was not present in the lower lumbar paravertebral muscles bilaterally. He stated that extension and flexion of the lumbar spine was painful. Diagnosis is lumbar post-laminectomy syndrome..

IMR ISSUES, DECISIONS AND RATIONALES

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

■■■■■ weight loss program 10 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article by Tsai and Wadden (2005) in the Annals of Internal Medicine "Background: Each year millions of Americans enroll in commercial and self-help weight loss programs."

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH Publication No. 00-4084, October 2000.

Decision rationale: The recent clinical note from the requesting physician reports the injured worker's weight at 140 pounds, however, this was likely reported in error as 240 pounds is more consistent with the other notes provided for review. No discussion regarding this request is provided by the requesting physician on the necessity of a weight loss program. The injured worker's weight is not mentioned as a factor in the injured worker's level of function or pain management. The CA MTUS does not address weight loss programs as medically necessary treatment. The cited guidelines do not address any specific weight loss program such as Lindora. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss. The request for Lindora weight loss program 10 weeks is not medically necessary.