

Case Number:	CM14-0097609		
Date Assigned:	07/25/2014	Date of Injury:	03/12/2010
Decision Date:	09/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 46-year-old male who has submitted a claim for lumbar sprain and lumbosacral spondylosis without myelopathy, associated with an industrial injury date of March 12, 2010. Medical records from 2011 to 2014 were reviewed. The patient complained of low back pain described as intermittent, sharp, and stabbing in character. MRI of the lumbar spine on March 4, 2014, revealed severe right lateral recess stenosis at L4-5 which is attributable to 7-8mm right posterolateral disc herniation with mild right greater than left-sided ligamentous thickening; facet arthropathy; and associated mild-to-moderate left lateral recess stenosis. The patient is 5'6" tall and weighs 285 pounds with a BMI of 46. Physical examination showed mild loss of forward flexion of the lumbar spine. Neurological examination was normal. The diagnoses were myoligamentous lumbar spine sprain/strain and lumbar spondylosis with 8mm herniation at L4-5. Treatment to date has included oral analgesics, cortisone injection, and back brace. Utilization review from June 11, 2014 denied the request for weight loss program because weight loss has not been defined as an issue or necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Visit-Weight Loss Program: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - LUMBAR GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: CA MTUS does not specifically address weight loss programs. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Annals of Internal Medicine and Aetna Clinical Policy Bulletin was used instead. Guidelines state that physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20% or less above ideal, or at below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m²; or a BMI greater than or equal to 27 and less than 30 kg/m² with one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension, obesity-hypoventilation syndrome, obstructive sleep apnea or dyslipidemia. In this case, records showed that the patient's BMI was 46 kg/m². The criteria were met. Therefore, the request office visit-weight loss program is medically necessary.