

Case Number:	CM14-0215892		
Date Assigned:	01/05/2015	Date of Injury:	04/25/2008
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 60-year-old male with a date of injury of April 25, 2008. Results of the injury include constant lower back pain with pain shooting down the legs, right more than left with tingling, numbness and parasthesia. Diagnosis include grade 1 retrolisthesis of L3 on L4 and L4 on L5, right L4-L5 foraminal narrowing with right L5 nerve root impingement, lumbar facet arthrosis at L4-L5 and L5-S1 level, Depression, and chronic myofascial pain syndrome. Current treatment included Tylenol # 3, Lunesta, neurontin, protonix, paxil, and epidural steroid treatment with significant pain relief. Magnetic Resonance Imaging dated September 19, 2014 revealed multilevel facet arthropathy in the lumbar spine, moderate central canal stenosis at L3-4 due to combination of mildly bulging intervertebral disc, facet hypertrophy and epidural fat expansion. The cauda equina is crowded together and the cerebrospinal fluid is effaced, multilevel neural foraminal stenosis in the lumbar spine, especially severe at L4-5 on the right. The existing right L4 nerve root is likely to be effected. Small vertebral hemangiomas in the T11, T12, and L1 vertebral bodies. Progress report dated December 19, 2014 showed the range of motion of the lumbar spine was restricted. Paravertebral muscle spasm and localized tenderness was present. There was diminished sensation to light touch along medial and lateral border of the right leg, calf, and foot. The Treatment plan was to continue with epidural steroid injection, tylenol # 3 for breakthrough pain, lunesta, neurontin, protonix and paxil. Work status was documented as temporary disability. The patient is status post lumbar, knee and ankle surgeries. Lumbar fusion is being considered; however, due to patient's weight of 250 pounds , a

weight loss program is being requested. Utilization Review form dated December 17, 2014 non certified a weight loss program due to noncompliance with MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Fusion, Spinal
<http://www.ncbi.nlm.nih.gov/pubmed/24301133>

Decision rationale: According to ODG, a study to compare the surgical experience, clinical outcomes, and effect on body weight between obese and morbidly obese patients undergoing lumbar spine fusion surgery concluded that the incidence of postoperative complications was significant in 45% of morbidly obese and 44% of obese patients. As noted in PubMed, referral to community-based interventions may provide a highly cost-effective approach for those at high risk of weight-related comorbidities. In this case, the patient is obese and is being considered for lumbar fusion. The guidelines support weight loss prior to lumbar spine fusion, and the request for a weight loss program is therefore supported to decrease complications associated with obesity.