

Case Number:	CM15-0012388		
Date Assigned:	02/02/2015	Date of Injury:	05/02/2011
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/21/2015

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: Emergency Medicine

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 40 year old female, who sustained an industrial injury on 5/2/11. She has reported falling on left side, landing on right knee and hooking the right thumb. The diagnoses have included disc herniation with radiculopathy and post laminectomy syndrome. Surgeries included hemilaminotomy and discectomy on 9/12/12. Treatment to date has included medications, surgery, physical therapy and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, the injured worker complains of chronic low back pain which limited her activities of daily living (ADL's). The weight was noted to be 272 pounds. Height was 66 inches. The x-rays of the lumbar spine dated 12/12/13 revealed facet sclerosis. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/7/14 revealed prior laminectomy and discectomy, no recurrent disc herniation, or stenosis, retrolisthesis and annular bulging. There was mild bilateral facet arthropathy and small bilateral facet effusion. The physical exam revealed mild weak gastrocs and transient numbness in the right outer calf region. She is trying to maximize her conservative treatment. The Transcutaneous Electrical Nerve Stimulation (TENS) has helped her in the past. A weight loss program is indicated, although it has not been authorized. She is to follow up in 1 month. On 12/15/14 Utilization Review non-certified a request for Weight loss program, noting the weight loss program is not medically necessary. The treatment guidelines do not support weight loss programs except in cases where the obesity is caused by medical conditions. An alternate guideline was cited for weight loss. The Centers for Medicare and Medicaid Services 40.5 treatment of obesity and National Coverage Documents (NCD) 100.1.

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 CMS 40.5- Treatment of Obesity (Rev. 54, Issued: 04-28-06, Effective: 02-21-06, Implementation: 05-30-06 Carrier/10-02-06 FI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna clinical policies states: "Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039 Policy Note

Decision rationale: The requested Weight loss program is not medically necessary. The MTUS, Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) do not address weight loss programs. Aetna clinical policies states: "Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039 Policy Note: Many Aetna plan benefit descriptions specifically exclude services and supplies for or related to treatment of obesity or for diet and weight control. The treating physician has documented mild weak gastrocs and transient numbness in the right outer calf region. The treating physician has not documented failed dietary and exercise-oriented weight loss attempts. The criteria noted above not having been met, Weight loss program is not medically necessary.