

Case Number:	CM15-0117952		
Date Assigned:	06/26/2015	Date of Injury:	07/17/2009
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 17, 2009. In a Utilization Review report dated June 5, 2015, the claims administrator failed to approve a request for a [REDACTED] weight loss program. The claims administrator referenced an RFA form received on May 29, 2015 in its determination, along with an associated progress note of May 8, 2015. The applicant's attorney subsequently appealed. In a psychology report dated May 8, 2015, the applicant reported a primary complaint of chronic low back pain status post earlier failed lumbar spine surgery. The applicant had also apparently developed derivative complaints of depression, anxiety, fatigue, malaise, and anhedonia, it was reported. The applicant was on Valium, Opana, Synovacin, Neurontin, MS Contin, OxyContin, Dendracin, Dilaudid, Seroquel, Effexor, Colace, naproxen, Prilosec, Norco, and Flexeril, it was stated. The applicant had reportedly gained 88 pounds since the date of injury, the treating provider contended. The applicant now weighed 278 pounds, the treating provider stated, after having formerly weighed 190 pounds. The applicant was using six to eight Dilaudid tablets daily, despite ongoing usage of OxyContin. The applicant was apparently tearful and depressed, it was suggested. The applicant's psychologist contended that the applicant was totally temporarily disabled from a mental health perspective. Psychological testing, cognitive behavioral therapy, and biofeedback were seemingly endorsed while the applicant was seemingly kept off of work. On June 4, 2015, it was stated that the applicant stood 5 feet 11 inches tall, weighed 280 pounds. Ongoing complaints of low back pain with derivative complaints of depression, anxiety, and obesity were reported. A weight loss program was

sought. It was stated that the applicant had been enrolled in a weight loss program, had successfully lost 50 pounds, but had later went on to gain the 50 pounds back. The applicant currently stood 5 feet 11 inches tall and weighed 280 pounds, the treating provided in several sections of the note. A [REDACTED] weight loss program was sought. It was stated that the applicant was considering an intrathecal pain pump, spine surgery, and/or hip surgery. The applicant was given trigger point injections in the clinic. Norco, AndroGel, naproxen, Prilosec, and Prozac were all endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetic Chapter, Lifestyle (diet & exercise) modifications.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 11, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the proposed [REDACTED] weight loss program is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as weight loss may be "less certain, more difficult, possibly less cost effective". Here, it appeared that the applicant had received one such weight loss program in the past but had relapsed and regained all of the weight back. The applicant previously employed weight loss program, thus, failed to affect any lasting benefit or long-term change in the applicant's weight. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the fact that the applicant was unable to effect lasting weight gain through the previously performed [REDACTED] weight loss program, coupled with the tepid-to-unfavorable ACOEM position on weight loss programs, did not make a compelling case for a repeat program. Therefore, the request is not medically necessary.