

Case Number:	CM15-0119651		
Date Assigned:	06/30/2015	Date of Injury:	05/21/1998
Decision Date:	07/29/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on 5/21/98. The injured worker has complaints of right shoulder and low back pain right greater than left, resulting from physical and mental stress couples with repetitive work. The documentation noted on 5/18/15 the injured workers weight was 170 pounds and losing weight would help her low back pain and hypertension. The diagnoses have included sprain of neck; sprain of lumbar and sprain of thoracic. Treatment to date has included aquatic therapy; soma; Tylenol #3 and omeprazole. The request was for weight loss program for 6 weeks. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Personal Risk Modification Page(s): 11.

Decision rationale: According to MTUS guidelines, strategies based on modification of individual risk factors such weight loss may be less certain, more difficult, and possibly less cost-effective to prevent back pain. There is no documentation that the patient failed weight control with exercise and diet. Caloric restriction associated to Diet modification, exercise and behavioral modification are the first line treatment of obesity. They don't require formal program. Drug therapy and surgery could be used in combination to the other modalities. There is no need for a formal program to lose weight for this patient. Therefore, the request for Weight loss program for 6 weeks is not medically necessary.