

Case Number:	CM15-0179873		
Date Assigned:	09/21/2015	Date of Injury:	01/10/2000
Decision Date:	10/26/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, 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 39 year old male, who sustained an industrial injury on 01-10-2000. He has reported injury to the low back. The injured worker has been treated for chronic low back pain; lumbar or thoracic radiculopathy; and post-laminectomy syndrome of lumbar region. Treatment to date has included medications, diagnostics, massage therapy, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, physical therapy, home exercise program, and surgical intervention. Medications have included Ibuprofen and Tizanidine. Surgical intervention has included L4-5 laminectomy. A progress report from the treating provider, dated 08-28-2015, documented an evaluation with the injured worker. The injured worker reported chronic mid-low back pain and right lower extremity radicular pain with right lower leg numbness; the pain is rated at 4 out of 10 in intensity on the visual analog scale; the pain is worsened by straightening his leg, lying down, sleeping, weight gain, and overextending himself; the pain is relieved by medications, acupuncture, deep tissue massage, TENS, losing weight, and rest; he reports 40% overall improvement since beginning treatment with the office; and he is working and maintains a busy schedule. The injured worker has reported that acupuncture treatments helps to reduce need for medicines, increases function, and helps him to continue working. Objective findings included he is in no acute distress; thought content and perception are normal; affect is appropriate; cognitive function is normal; and cranial nerves 1-12 are intact. The treatment plan has included the request for one [REDACTED] weight loss program. The original utilization review, dated 09-11-2015, non-certified a request for one [REDACTED] weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One [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 Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5; 142 (7): 525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for weight loss, Agency for Healthcare Quality Research, 2010 Feb. p.96, Obesity National Guidelines.

Decision rationale: According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, the claimant was able to lose and maintain the weight with exercise and walking regimen as noted on 8/28/15. Mobility and strengthening has allowed for weight loss. Therefore the request for a weight management program ([REDACTED]) is not medically necessary when prior modalities are effective.