

Case Number:	CM15-0042556		
Date Assigned:	03/12/2015	Date of Injury:	03/05/2012
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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: Physical Medicine & Rehabilitation

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 30 year old female, who sustained an industrial injury on 3/5/2012. The current diagnoses are severe axial back pain, left leg sciatica, radiculopathy with severe degeneration at L4-L5, grade 1 spondylolisthesis and disc collapse, moderate discogenic disease at L3-L4, status post lumbar decompression (2013), possible elevated liver enzymes secondary to prolonged medication usage; rule out severe gastroesophageal reflux disease, depression, and anxiety. According to the progress report dated 1/19/2015, the injured worker complains of persistent low back pain with radiation into bilateral lower extremities, left worse than right associated with numbness, tingling, and weakness. The pain is rated 8/10 on a subjective pain scale. The current medications are Norco, Flexeril, Prilosec, Voltaren gel, and Zofran. Treatment to date has included medication management, 3 out of 6 physical therapy sessions, MRI, electrodiagnostic studies, and surgical intervention. The plan of care includes weight loss program at [REDACTED], lumbar spine brace, and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Evidence-informed management of chronic

low back pain with physical activity, smoking cessation, and weight loss, The Spine Journal - January 2008 (Vol. 8, Issue 1, Pages 195-202, DOI: 10.1016/j.spinee.2007.10.024).

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

Decision rationale: The 30 year old patient presents with persistent pain in the lower back, rated at 8/10, that radiates to bilateral legs with numbness, tingling and weakness, as per progress report dated 01/19/15. The request is for WEIGHT LOSS PROGRAM AT [REDACTED]. There is no RFA for this case, and the patient's date of injury is 03/05/12. Diagnoses, as per progress report dated 01/19/15, included severe axial back pain, left leg sciatica and radiculopathy with severe degeneration at L4-5, Grade I spondylolisthesis and disc collapse at L4-5, moderate discogenic disease at L3-4, depression, anxiety, and r/o severe GERD. The patient is not working, as per the same progress report. Regarding weight loss programs, MTUS and ODG Guidelines do not provide a discussion. AETNA guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m2)." AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, Optifast liquid protein meals, [REDACTED] pre-packaged foods, or phytotherapy), [REDACTED], or similar programs. In this case, the patient has gained 20 pounds due to her inability to ambulate and exercise, secondary to the pain, as per progress report dated 01/19/15. The treating physician is requesting for a weight loss program at [REDACTED]. The patient is 5 feet and 6 inches tall and weighs 165 lbs, as per the same progress report, but there is no diagnosis of obesity as required by AETNA. Hence, the request IS NOT medically necessary.