

Case Number:	CM15-0065517		
Date Assigned:	04/13/2015	Date of Injury:	11/24/2012
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 37 year old female who sustained an industrial injury on 11/24/12 when she lifted a patient resulting in lower back, bilateral leg pain with numbness at the feet, urinary incontinence, psyche and sleep related issues. She has had two back surgeries. She currently complains of achy, stabbing right pain in the low back (6-7/10); right leg pain (5-6/10); right foot pain (7-8/10) with numbness and tingling; left foot pain (5-6/10). The pain levels are with medication use. Medications are gabapentin, meloxicam and Norco. Diagnoses include status post L5-S1 microdiscectomy and bilateral foraminotomies with ongoing symptoms of back and lower extremity pain; depression; morbid obesity; significant post-surgical lumbar disopathy; lumbar disc annular tear; chronic pain and spasm. Treatments to date include medications; water therapy; chiropractic treatments. Diagnostics include electromyography and nerve conduction study (/21/14) with abnormal findings; MRI lumbar spine (3/17/14); lumbar spine x-ray (11/27/13). In the progress note dated 2/24/15 the treating provider's plan of care includes [REDACTED] Weight Loss program as she is morbidly obese without significant improvement in back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] program for approximately 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.
Decision based on Non-MTUS Citation Obesity: <http://www.mdguidelines.com/obesity>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

Decision rationale: Pursuant to Medline plus (see attached link) [REDACTED] program for approximately 3 months is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse invention. See attached link for details. In this case, the injured worker's working diagnoses are history of L5 - S1 decompression possible postoperative cauda equine syndrome; history the exploration of surgical site and evacuation of seroma; psychological diagnosis of depression; and urinary incontinence. The documentation in the medical record shows the injured worker is 289 pounds and 5'6" with BMI 46.6. The injured worker has been treated with physical therapy, chiropractic therapy and medications. There is no documentation in the medical record the injured worker attempted dietary restriction, exercises or behavioral modification in an attempt to lose weight. Treatment of obesity (according to the guidelines) starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse invention. The injured worker, in the home setting, may attempt these measures. A formal weight loss program is not clinically indicated. Consequently, absent clinical documentation when an attempt to restrict dietary intake, exercises with behavioral modification, etc., [REDACTED] program for approximately 3 months is not medically necessary.