

Case Number:	CM15-0090922		
Date Assigned:	05/15/2015	Date of Injury:	03/07/2012
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 46-year-old female who sustained an industrial injury on March 7, 2012. She has reported lumbar spine pain and has been diagnosed with severe multilevel lumbar spondylosis, diffuse facet degenerative changes/ligamentum flavum hypertrophy; vacuum disc phenomenon L3-4, L4-5 left lateral disc extrusion with radiculopathy. Treatment has included medical imaging, medications, and therapy. The injured worker complains of pain in the low back, which radiated down the left leg with numbness, tingling, and weakness. Examinations of the lumbar spine showed diminished lordosis and diffuse muscle guarding left greater than right. There was bilateral plus one lower extremity edema and moderate left lateral ankle tenderness. The treatment request included a supervised weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically supervised weight loss program (unspecific duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Employee and patient roles.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight loss Treatment Guidelines from the Medical Letter, April 1, 2011, Issue 104, page 17: Diet, Drugs, and Surgeries for Weight Loss.

Decision rationale: Diet and exercise are the preferred methods for losing weight, but are still associated with high long-term failure rates. Patients on a diet generally lose 5% of their body weight over the first 6 months, but by 12-24 months weight often returns to baseline. The long-term ineffectiveness of weight-reduction diets may be due to compensatory changes in energy expenditure that oppose the maintenance of a lower body weight, as well as genetic and environmental factors. There are no recommendations for medically supervised weight loss program in the Chronic Pain Medical Treatment Guidelines or in the Official Disability Guidelines. The lack of information does not allow determination for medical necessity and safety. In this case, bariatric surgical intervention is recommended. The request should not be medically necessary.