

Case Number:	CM15-0091448		
Date Assigned:	06/04/2015	Date of Injury:	08/02/2013
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/12/2015

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, Pain Management

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 49 year old male, who sustained an industrial injury on 08/02/2013. He has reported subsequent back pain and was diagnosed with lumbar strain, quadratus lumborum strain, ligament and muscle strain and spasm and right L4-L5 lumbar radiculopathy. Treatment to date has included oral and topical pain medication, trigger point injections, home exercise program and physical therapy. In a progress note dated 04/17/2015, the injured worker complained of low back pain. Objective findings were notable for tenderness to palpation over the lumbar paraspinals, limited range of motion of the lumbar spine, positive straight leg raise and diminished sensation to L4-L5 on the right. The physician noted that the injured worker needed spine surgery and that without weight loss the surgery would be unable to be performed. A request for authorization of weight loss program was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD., Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>).

Decision rationale: Regarding the request for a weight loss program, CA MTUS and ODG do not address the issue. A search of the National Library of identified an article entitled "Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States." This article noted that, with the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. In light of the above issues, the currently requested weight loss program is not medically necessary.