

Case Number:	CM14-0149186		
Date Assigned:	09/18/2014	Date of Injury:	03/01/2013
Decision Date:	10/23/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male with a reported injury on 03/01/2013. The mechanism of injury was not listed in the records. The injured worker's diagnoses included lumbar facet arthroscopy, lumbar spasms, HNP lumbar spine and obesity. The injured worker's past treatments included pain medication, physical therapy, steroid injections, and surgical intervention. The MRI of the lumbar spine performed on 06/13/2013 revealed degenerative grade 1 anterolisthesis at L4-5 with posterior disc bulge. The injured worker's surgical history included left shoulder arthroscopy on 07/28/2009, right knee arthroscopy on 07/23/2013, and right knee revision on 02/14/2014. The subjective complaints on 07/16/2014 included pain to the mid low back and right knee. The mid back and low back pain is rated at 8/10 on a VAS pain scale. The physical exam noted a slow antalgic gait using a cane in the left hand for stability. In the lumbar spine there was pain to palpation in the paraspinal musculature as well as the left lumbar facets with positive lumbar facet loading. The medications included Norco, LidoPro, tramadol ER, and Prilosec. The treatment plan was to continue and refill medications, follow-up in 8 weeks, and perform a left lumbar medial branch block for L3-4, L4-5, and L5-S1. A request was received for a medically supervised weight loss program. The rationale for the request was not provided. The Request for Authorization Form was not provided in the notes.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes, Lifestyle (diet & exercise) modifications.

Decision rationale: The request for a medically supervised weight loss program is not medically necessary. The Official Disability Guidelines state lifestyle modifications to include diet and exercise are recommended as first line interventions and specify that the reduction of obesity and an active lifestyle can have major benefits for injured workers. The clinical information submitted for review failed to include a rationale for the requested weight loss program. There was also a lack of documentation indicating that he had tried and failed individual diet and exercise for weight loss or that he had been evaluated by a nutritionist and consulted on weight loss. As there was no documentation that the patient had individually tried to lose weight with diet modifications, lifestyle modifications, and exercise first, before requesting a medically supervised weight loss program, the request is not supported by the guidelines. As such, the request is not medically necessary.