

Case Number:	CM15-0128554		
Date Assigned:	07/20/2015	Date of Injury:	01/24/2014
Decision Date:	10/16/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/06/2015

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: 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 45-year-old male who sustained an industrial injury to his lower back on 01-24-2014. The injured worker has a medical history of diabetes mellitus. The injured worker was diagnosed with multi-level lumbar disc bulge with facet hypertrophy and neuroforaminal stenosis and spondylosis. Prior treatments documented to date have included diagnostic testing with lumbar spine magnetic resonance imaging (MRI) in February 2014 which was discussed by the provider in the May 1, 2014 review, electrodiagnostic studies of the lower extremities, acupuncture therapy, physical therapy (approximately 16 sessions), lumbar epidural steroid injection times 2 and medications. The injured worker is on temporary total disability (TTD) and has remained off work since February 3, 2014. According to the primary treating physician's progress report on May 1, 2014, the injured worker continues to experience low back pain occasionally radiating to the left buttock and down the back of the left lower extremity. The injured worker denied numbness and tingling. The medical records on May 1, 2014, documented the injured worker was 5 feet 8 inches tall and weight was 236 pounds with a 40 pound weight gain since the injury. The provider stated "he (injured worker) has attempted to lose weight by walking, stretching and watching his diet; however, he has difficulty losing weight on this regimen due to the pain." Evaluation on May 1, 2014 noted the injured worker had difficulty rising from a seated position and ambulated with a slow, stiff and guarded gait with a shortened stride width and length. The injured worker was able to heel and toe walk without difficulty. There was no indication of assistive devices being used. Examination on May 1, 2014 demonstrated decreased range of motion in all planes with positive straight leg raise on the left

with radiation of symptoms down the left lower extremity. Active bilateral straight leg raise elicited lower back and left leg pain and knee to chest maneuver noted low back pain. The lumbar paraspinal muscles were documented as painful and tight with tenderness of the L4-S1 facet joints. Current medications were listed as Tramadol, Cyclobenzaprine and Fenoprofen. According to the treating physician's report on May 1, 2014, the injured worker was advised that he was a candidate for a lumbar interbody fusion and would need to lose 40-50 pounds prior to proceeding with surgery and a weight loss program was requested. The Utilization Review determined the request for a weight loss program was not medically necessary on 06-10-2015.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation David J. Johns, PhD, RD , Jamie Hartmann-Boyce, Susan A. Jebb, PhD, Paul Aveyard, PhD, for the Behavioural Weight Management Review Group. Diet or Exercise Interventions vs Combined Behavioral Weight Management Programs: A Systematic Review and Meta-Analysis of Direct Comparisons, Journal of the Academy of Nutrition and Dietetics, Volume 114, Issue 10, October 2014, Pages 1557-1568.

Decision rationale: There is no information concerning weight loss programs in MTUS guidelines or Official Disability Guides except for general recommendations concerning exercise and dieting. Review of literature and studies on this subject shows unclear data. There is no clear evidence based recommendations concerning the superiority of "medical weight loss program" vs. other weight loss programs including commercial programs or self-directed programs. While patient's continued diet and exercise is recommended, a "weight loss program" is not supported by available evidence and is therefore not medically necessary.