
Notice of Independent Medical Review Determination

Dated: 9/23/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
6/28/2013

4/12/2012

7/24/2013

CM13-0002986

- 1) MAXIMUS Federal Services, Inc. has determined the request for a 12 week Medifast weight loss program **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a 12 week Medifast weight loss program **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 28, 2013.

Description of Alleged Injury: Ms. [REDACTED] was supervising a participant when the participant began to fall she went to stop them and caused injury to her shoulders, neck and arms.

Recommendation: **NON-CERTIFICATION** of Outpatient Weight Loss Program Medifast 12 weeks - in-house program, for the lumbar spine.

Reason for Difference: It is the opinion of the reviewing physician that, this claimant was injured in 2012 when she attempted to stop and other persons fall.

Request is for Medifast weight loss program.

Note from 6/24/13 shows claimant is 5'1" 256 pounds. Lumbar range of motion is 50% a normal with pain radiating to the buttocks on extension. Range of motion of neck is 50% of normal. Range of motion left shoulder 75% of normal.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (7/24/13)
- Utilization Review from [REDACTED] (6/28/13)
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a 12 week Medifast weight loss program:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on Caban AJ, Lee DJ, Fleming LE, Gomez-Marin O, LeBlanc W, Pitman T. Obesity in US workers: The national health interview survey, 1986 to 2002. Am J Public Health. 2005 Sep; 98 (9): 1614-22. Epub 2005 Jul 28. PMID: 16051934, which is peer-reviewed scientific medical evidence that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the MTUS does not address the requested treatment. The Expert Reviewer relied on Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, which is peer-reviewed scientific medical evidence that is not part of the MTUS.

Rationale for the Decision:

The employee on 4/12/2012 experienced injuries to the lower back, shoulders, neck and arms. The medical records received and reviewed indicate chronic low back pain, and pain in the bilateral shoulders, neck and bilateral arms. Treatment has included analgesic medications, care from various providers, medical branch blocks, an MRI of the left shoulder, unspecified amount of physical therapy and extensive periods of time off of work. The request for a 12 week Medifast weight loss program was submitted.

The MTUS does not specifically address the topic of medical necessity for a weight loss program. Per the MTUS (section 9792.1.c), topics that are not addressed in the MTUS can be addressed through other nationally recognized medical treatment guidelines. In this case, the [REDACTED] clinical policy bulletin on weight reduction medications and programs addresses the requested treatment. The [REDACTED] clinical policy bulletin states that weight loss programs can be considered medically necessary in those individuals with a BMI greater than or equal to 30 who have failed to lose at least 1 pound per week for at least six months on a weight loss regimen of conventional dieting, exercise, and behavioral therapy. The medical records submitted and reviewed do not clearly state or detail what attempts at weight loss have been attempted in the preceding 6 months such as dieting, exercise, etc. The documentation submitted does not support the request. The request for a 12 week Medifast weight loss program and is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/skf

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.