

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	7/5/2012
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003208

- 1) MAXIMUS Federal Services, Inc. has determined the request for a weight loss program **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 weight loss program **is 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 Family Practice, 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 July 17, 2013:

"This is a male claimant with an alleged date of injury of 7/05/12 to the Lumbar Spine. He has Low Back Pain (LBP) and Bilateral Lower Extremities (BLE) radicular symptoms. He is obese. The AP opined that a weight loss program was needed since the claimant has tried dieting for several years."

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 (date 7/25/2013)
- Utilization Review of Determination (date 7/17/2013)
- Medical Records from employee's representative (date 8/16/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for a 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 the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 5, Cornerstones to Disability Prevention and Management, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Exercise, pg. 47, which is part of the MTUS and the Center for Disease Control and Prevention (CDC) (2011), "Losing Weight; What is healthy weight loss?", (online), http://www.cdc.gov/healthyweight/losing_weight/index.html, which is not part of the MTUS.

Rationale for the Decision:

The employee has a date of injury of 7/5/2012 involving the lumbar spine. He has low back pain with radicular symptoms in the bilateral lower extremities. The employee has attempted diet modification for years, is unable to exercise due to back pain and requires weight loss. A request for a structured weight loss program was made.

The MTUS Chronic Pain Guidelines do not specifically address a weight loss program, but indicate that active treatment, cognitive behavioral treatment along with strength training, stretching and progressive walking can have long term benefits. The CDC indicates lifestyle change and reduced caloric intake are essential to successful weight loss. The employee was morbidly obese near the time of injury based on a weight of 312 in August of 2012. The records reviewed do not indicate the employee was progressively working on or was successful in weight loss prior to the injury. The records reviewed do not indicate if a walking program or diet plan were initiated. In this case, appropriate caloric intake and self monitoring would allow for weight stability and possibly weight loss. **The request for a weight loss program is medically necessary or 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;

Paul Manchester, MD, MPH
Medical Director

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

/pr

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.