

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

6/25/2013

6/4/2008

7/26/2013

CM13-0004014

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 6/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 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 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.

Expert Reviewer Case Summary:

Examination performed in December 16, 2010 showed slight loss of disk height in the lumbar spine. The patient was too overweight to proceed with spine surgery. The recommendation was made to lose 100 pounds. By September 2011 the patient lost 25 pounds. Due to the need to lose more weight a request for lap band surgery was requested. Jan 2012 the weight-loss program is recommended. Examination January 2013 stated that he was still suffering from continuing the low back pain radiating to lower extremities (9/10). Examination March 2013 left with an impression of a desiccated L5 S1. There was no canal stenosis. There was mild neural foraminal narrowing on the left side. His weight was 300 pounds. A response regarding a weight-loss program was not received. In April 2013 his weight was now 300 pounds (48.2). He was using a walker to ambulate. A request for a [REDACTED] (weight loss clinic) was made. Clinical notes from May 7, 2013 indicate no physiotherapy taking place. There is continued use of pain medications. Continuing to ambulate with a walker.

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 of Independent Medical Review
- Utilization Review Determination from [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for weight loss program :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CMS 40.5 – Treatment of Obesity, which is not part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 47, which is part of the MTUS. The Expert Reviewer also based his/her decision on the following article: Am J Med. 2013 Oct 8. pii: S0002-9343(13)00672-4. doi: 10.1016/j.amjmed.2013.04.025. [Epub ahead of print]. Johnston CA, Rost S, Miller-Kovach K, Moreno JP, Foreyt JP., A Randomized Controlled Trial of a Community-based Behavioral Counseling Program, which is not part of the MTUS.

Rationale for the Decision:

Chronic back pain can lead to immobility and further weight gain. In this case, back surgery could not be performed due to obesity. As noted in the MTUS Chronic Pain Guidelines, active physical treatment, cognitive behavioral treatment ...along with strength training, stretching and progressive walking can have long term benefits. Clinics such as [REDACTED] provide behavioral health modifications which have proven to show benefit in weight loss. Such modalities are supported by the literature as referenced as well as the MTUS Chronic Pain Guidelines. The request for weight loss program **is 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

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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.