

Case Number:	CM13-0013856		
Date Assigned:	01/03/2014	Date of Injury:	03/11/1992
Decision Date:	09/05/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/19/2013

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 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 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 applicant is a represented employee who has filed a claim for chronic leg pain, knee pain, low back pain, and obesity apparently associated with an industrial injury of March 11, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; various interventional injection procedures involving the lumbar spine; and extensive periods of time off of work. In a Utilization Review Report dated August 6, 2013, the claims administrator denied a request for weight loss program, citing Chapter 5 ACOEM Guidelines. The claims administrator stated that the applicant's BMI was 43 and that the applicant weighed 290 pounds. The applicant's attorney subsequently appealed. The applicant did undergo lumbar radiofrequency rhizotomy procedure on February 12, 2013. On February 21, 2013, it was acknowledged that the applicant was not working. The applicant reported persistent complaints of low back and bilateral knee pain, exacerbated by activities such as standing and walking. The applicant exhibited an antalgic gait. The applicant's height and weight were not stated on this occasion, although it was acknowledged that the applicant carried diagnosis of knee arthritis, hip bursitis, ankle pain, and chronic low back pain. The applicant was placed off of work, on total temporary disability, it was stated. Another section of the report stated that the applicant had retired from her former place of employment. In an appeal letter dated July 18, 2013, the attending provider appealed the decision to deny the weight loss program, noting that the applicant weighed 290 pounds, stood 5 feet 9 inches tall, had a resultant BMI of 43. The attending provider posited that weight loss would ameliorate the applicant's complaints of knee pain, hip pain, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

WEIGHT LOSS PROGRAM WITH [REDACTED] FOR 10 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of individual risk factors such as weight loss are "less certain, more difficult, and possibly less cost effective." Thus, ACOEM position on weight loss programs is, at best tepid to unfavorable. No compelling medical evidence was attached to the request for authorization or to the application for Independent Medical Review which would offset the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.