

Case Number:	CM13-0022786		
Date Assigned:	11/13/2013	Date of Injury:	08/11/1998
Decision Date:	02/04/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in the District of Columbia. 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 physician 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 patient had chronic low back and mid back pain associated with an industrial injury on 08/11/98. The patient had a past medical history of chronic depression, anxiety and obstructive sleep apnea. Her treatment included analgesic medications and microdiscectomy at L5-S1 in 2011. She was following up with a Pain management consultant and a Psychiatrist. On 07/08/2013 she was seen by the treating provider and complained of low back and leg pain. She had mouth pain with severe dryness and also continued to gain weight. She also had depression due to pain and inactivity. On examination she was tearful. She had tenderness to the lumbar spine para vertebral muscles. She also had positive sciatic tension in legs bilaterally. She had difficulty in standing from a sitting position. She walked with a guarded gait. She had dental injuries from falls on multiple occasions and dry mouth because of medications. Diagnoses included lumbar spine disc displacement, lumbosacral neuritis, radiculitis and teeth injury. During her prior visits in May 2013, June 2013 and March 2013 there was similar documentation regarding her back pain. Treatment plan included participation in a medically managed weight loss program. She was also asked to consult a dentist for her dental issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for medically managed weight loss: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation

<http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/endocrinology/obesity/>

Decision rationale: According to the evidence cited above, obesity is defined as a body mass index (BMI) of more than 30. MTUS doesn't address medical management of obesity. According to the article cited above pharmacologic therapy can be considered in an obese patient who has significant comorbidities or has failed to achieve weight loss goals through lifestyle modification alone. Before initiating therapy, however, the clinician must inform the patient of any side effects associated with the drug, the lack of long-term safety data, and the temporary nature of the weight loss achieved through the use of medications. In this case, there is no documentation of the body mass index. Even though there is documentation that there is 100 lb weight gain, there are no records of weight during visits. There is also no documentation on failure of conservative measures or diagnoses that would support medical weight loss. Hence the documentation is inadequate to support the medical necessity for a medically managed weight loss program.