

<b>Case Number:</b>	CM13-0027760		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 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 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 1, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In an appeal letter of October 20, 2013, it is stated that the applicant had a flare-up of low back pain. She is on her third course of weight loss program. She initially weighed 340 pounds and reportedly weighs 280 pounds as of July 16, 2013. The applicant is trying to get down to a target of 260 pounds. An earlier note of December 20, 2012 is notable for comments that the applicant had severe obstructive sleep apnea syndrome which has been successfully treated through usage of a CPAP device. The applicant is documented as having weight as much as 319 pounds on September 21, 2006. In a report of April 11, 2013, the attending provider writes that the applicant's daughter has provided home care assistance in terms of activities of daily living such as bathing, dressing, personal hygiene, house work, cleaning the bathroom, cooking, washing dishes, doing laundry, yard work, grocery shopping, and child care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lindora weight loss program:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Coverage Policy Guidelines, Weight control.

**Decision rationale:** The MTUS does not address the topic. As noted in MTUS 9792.20j, nationally recognized guidelines can be employed in cases in which the MTUS does not address a request. ■■■■ notes that weight reduction medications and programs are considered medically necessary in individuals who have a BMI greater than 27 with risk factors such as obstructive sleep apnea. In this case, the applicant stands 5 feet 6 inches tall and apparently weighs 280 pounds, resulting in a calculated BMI of 45. She is therefore a candidate for the proposed weight loss program. It is further noted that the attending provider has documented that previous attempts at weight loss through the program were successful as the applicant has apparently succeeded in substantially lowering her weight. The request is certified.

**Home care assistant for 3 hour a day, four days a week for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Policy Manual, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Medical Treatment Guidelines, home health services are recommended only to deliver medically necessary treatments in applicants who are home bound, bed bound, and otherwise unable to attend outpatient services. These could include services such as IV fluid infusion, IV antibiotics, and/or home physical therapy in individuals who are unable to attend outpatient physical therapy. In this case, however, the attending provider is seeking home care assistance to help perform cooking, cleaning, housework, and other activities of daily living. Such services are, per page 51 of the MTUS chronic pain medical treatment guidelines, specifically not covered/not recommended. Therefore, the request is not certified.