

Case Number:	CM13-0051938		
Date Assigned:	03/26/2014	Date of Injury:	12/17/2011
Decision Date:	05/23/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

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 ABFP and ABPM 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 patient is a 47 yr. old male who sustained a work injury on 12/17/11 involving the back, neck and shoulders. He had a diagnosis of lumbar radiculopathy and underwent therapy, chiropractic treatment and acupuncture. He had difficulty ambulating due to his weight and pain in the low back. Due to his disability, he was unable to work and developed a high amount of stress and an uncontrolled eating disorder. In April 2012, his weight was 325 lbs and in July 2012 his weight was 377 lbs. An examination report on 2/5/14 indicated the patient had limited ability with stooping and bending. The patient's weight inhibited him from meaningful activities and therapy. The treating physician requested internal medicine consultation for a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Page 92, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialty referral Page 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the diagnosis was certain and the weight was attributed to stressors and increased caloric intake. Although the plan of care from an expert maybe beneficial, a dietician or psychiatric intervention maybe more appropriate. The patient had been overweight prior to the injury and the injury may have contributed to further weight gain. There is no mention of prior lifestyle or habitus before the injury. Internal Medicine specializes in complex medical diseases. The referral for weight loss is not medically necessary.

WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, Weight Reduction Medications And Programs.

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

Decision rationale: The MTUS and ACOEM guidelines do not comment on weight loss. According to the National Health Guidelines: When assessing the patient's motivation to enter weight loss therapy, the following factors should be evaluated: reasons and motivation for weight reduction; previous history of successful and unsuccessful weight loss attempts; family, friends, and work-site support; the patient's understanding of the causes of obesity and how obesity contributes to several diseases; attitude toward physical activity; capacity to engage in physical activity; time availability for weight loss intervention; and financial considerations. In addition to considering these issues, the health care practitioner needs to heighten a patient's motivation for weight loss and prepare the patient for treatment. This can be done by enumerating the dangers accompanying persistent obesity and by describing the strategy for clinically assisted weight reduction. Reviewing the patients' past attempts at weight loss and explaining how the new treatment plan will be different can encourage patients and provide hope for successful weight loss. In this case, there is no documentation of an attempt to reduce caloric intake or documentation of failure over 6 months of strategic preparation and risks discussion. Based on the guidelines and lack of fundamental weight loss planning, a formal weight loss program is not medically necessary at this time.