

Case Number:	CM13-0052359		
Date Assigned:	03/31/2014	Date of Injury:	08/05/2001
Decision Date:	05/23/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

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 [REDACTED] employee who has filed a claim for morbid obesity, depression, anxiety, sleep disturbance, multifocal pain complaints reportedly associated with an industrial injury of August 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; dietary supplements; adjuvant medications; and extensive periods of time off of work. In a utilization review report of October 18, 2013, the claims administrator denied a request for baseline EKG and a weight management program. The claims administrator based the denial on the fact that the applicant had had an earlier 10-week weight loss program in 2009 and that the attending provider did not detail which weight loss program the applicant was attending. The claims administrator also, in part, based its denial on causation grounds, stating that there is "no connection between the obesity and the industrial injury or its treatment." In one section of the report, the claims administrator did state that "weight loss is medically necessary," but seemingly denied the request on the grounds that obesity has not been accepted as part of the compensable injury. The applicant's attorney subsequently appealed. In a progress note dated August 19, 2013, the applicant was described as having ongoing issues with obesity, gastrointestinal issues, and sleep disturbance. The applicant has not worked since 2001, it was stated. The applicant attributes her weight gain to her industrial knee injury. She now weighs 220 pounds, she states. She is status post knee surgery, she noted. She is on omeprazole for reflux. The applicant states that she continues to eat a lot owing to the fact that she has had issues with psychological stress. She has not worked since 2001, it is stated. The applicant's medication list includes Norco, Naprosyn, Neurontin, Prilosec, Flexeril, Restone, and Condrolite. The applicant personally denied issues with diabetes, dyslipidemia, or hypothyroidism. The applicant is given a diagnosis of morbid obesity. A weight loss program and baseline

electrocardiogram (EKG) is sought. While the attending provider states that the applicant was morbidly obese, only the applicant's weight of 220 pounds was provided. The applicant's height was not furnished. The remainder of the file was surveyed. The applicant's height was described as 5 feet 2 inches on September 23, 2013, with a weight of 224 pounds appreciated. The applicant reportedly had normal EKG testing on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

BASELINE EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PULMONARY CHAPTER.

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

Decision rationale: Medscape indicates that an electrocardiogram (EKG) is routine in the evaluation of applicants with implanted defibrillators, pacemakers, and/or to detect myocardial injury, ischemia, and/or the presence of prior infarction. EKG testing can also be used to evaluate for possible metabolic disorders, arrhythmia, effects and side effects of pharmacotherapy, and/or the evaluation of primary or secondary cardiomyopathy. In this case, however, none of the aforementioned criteria have been met. The attending provider seemingly stated that he intended to perform EKG testing without evidence of any specific disease process. The applicant specifically denied any history of diabetes, arrhythmias, myocardial infarction, ischemia, or other issue which would require EKG testing. Therefore, the request remains not certified, on independent medical review.

WEIGHT MANAGEMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA CLINICAL POLICY BULLETIN: WEIGHT REDUCTION MEDICATIONS AND PROGRAMS ([HTTP://WWW.AETNA.COM/CPB/MEDICAL/DATA/1_99/0039.HTML](http://www.aetna.com/cpb/medical/data/1_99/0039.html)). The Claims Administrator also based its decision on the Non-MTUS Citation: LINDORA CLINIC ([HTTP://WWW.LINDORA.COM/PROGRAMS_CLINICS.ASP](http://www.lindora.com/programs_clinics.asp))

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, CLINICAL POLICY BULLETIN, WEIGHT REDUCTION MEDICATIONS AND PROGRAMS.

Decision rationale: Aetna's criteria for pursuit of weight reduction programs include evidence that an applicant has had a body mass index (BMI) greater than or equal to twenty-seven (27), in whom other attempts to lose weight through conventional dieting, exercise, and behavioral

therapy have been tried and/or failed for a period of at least six (6) months. In this case, the applicant has longstanding issues with weight gain, apparently amplified by issues with psychological stress. The applicant has continued to gain weight over time, it appears. Her height of 5 feet and 2 inches and weight of 224, results in the calculated BMI of 41. She is, thus, a candidate for the proposed weight loss program. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.