

Case Number:	CM13-0055299		
Date Assigned:	12/30/2013	Date of Injury:	03/20/2012
Decision Date:	03/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 44-year-old female who sustained an industrial injury on March 20, 2012. The mechanism of injury occurred when she turned left and stood up from a sitting position. She carries diagnoses of cervical radiculitis, bilateral posterior shoulder strain, myofascial pain, thoracic spondylosis, lumbar pain, L5-S1 disc protrusion, and obesity. A utilization review determination had noncertified the request for 10 weeks of a weight loss program. The cited rationale was that there was "no evidence presented that a trial of" behavior modification, diet modification, exercise, drug therapy, and surgery were tried. The guidelines cited by the utilization reviewer includes a "Medical Disability Advisor" by [REDACTED]. These guidelines were cited because the California Medical Treatment and Utilization Schedule, ACOEM, and Official Disability Guidelines do not specifically address weight loss programs.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 week session of [REDACTED] Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by [REDACTED], Obesity accessed at <http://www.mdguidelines.com/obesity>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California Medical Treatment and Utilization Schedule, American College of Occupational and Environmental Medicine Practice Guidelines, and Official Disability Guidelines do not have explicit provisions for weight loss programs. Section Â§9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." There are no national guidelines that consider a weight loss program as part of standard of care for chronic pain patients who have a problem of obesity. Rather, exercise, diet modification including caloric restriction, behavior modification/cognitive behavioral therapy, and possibly surgery are options. Furthermore, the obesity should be accepted as part of the industrial claim. There should be documentation of causation between the industrial injury and obesity, which is not establish in this case. This request is recommended for non-certification.