

Case Number:	CM13-0057387		
Date Assigned:	12/30/2013	Date of Injury:	07/07/2008
Decision Date:	03/24/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesia has a subspecialty in Acupuncture & Pain 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 patient reported a date of injury of 7/7/08. Per 12/12/13 progress report, she has right medial knee pain, right hip pain, lumbar spine pain, and left foot pain. MRI of the lumbar spine dated 8/8/13 revealed multiple disc bulges; mild bilateral neural foraminal narrowing and moderate central canal stenosis at L2-L3; moderate to severe neuroforaminal narrowing and mild central canal stenosis at L3-L4; moderate to severe bilateral neural foraminal narrowing at L4-L5; and severe left and moderate right neural foraminal narrowing at L5-S1. She states that she has gained 90 pounds since being off work, per 12/12/13 report she was 320lbs and 5'6" resulting in a BMI of 51.6. She has had three weeks of the [REDACTED] program and lost ten pounds. The date of UR decision was 11/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

request to continue the [REDACTED] Program x 10 weeks: 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 lindora.com

Decision rationale: The MTUS is silent on weight management clinics. However, the MTUS does state "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." A review of the [REDACTED] [REDACTED] program website reveals that it represents itself as a comprehensive program that addresses the physical as well as the mental and lifestyle issues of weight control. However, there is no evidence that this particular weight loss program is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community. As such, it cannot be affirmed as medically necessary.