MAXIMUS Federal Services

Case Number:	CM13-0057499		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2011
Decision Date:	05/06/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	11/25/2013

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 patient is an employee of [redacted] and has filed a claim for lumbar and cervical radiculopathy associated with an industrial injury date of February 25, 2011. Utilization review from November 19, 2013 denied the request for medically managed weight loss program due to insufficient information concerning the patient's current BMI. Treatment date has included acupuncture, physical therapy, back surgery, and oral pain and antidepressant medications. Medical records from 2013 were reviewed showing the patient complaining of neck and low back pain weighted bilateral lower extremity and right upper extremity numbness and tingling. The patient is status post lumbar diskectomy at L3-L4, L4-L5, and L5-S1. The patient notes that medications are helpful and allow him to function. The patient has a history of high blood pressure and high cholesterol. The patient is noted to have attempted eating healthy and exercising as tolerated. The patient states that he is motivated to lose weight with medication and lifestyle modifications. The patient has gained 29 pounds since the industrial accident. The patient has decreased mobility and level of activity. On examination, there was tenderness over the cervical and lumbar paraspinal musculature. Range of motion was decreased for both the cervical and lumbar spines. There was decreased sensation on the left L4-L5 and L5-S1 dermatomes. There was decreased motor strength for left lower extremity. The patient has difficulty with heel and toe walking and rising from a squatted position.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICALLY MANAGED 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 Clinical Policy Bulletin: Weight Reduction Medications and Programs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA CLINICAL POLICY BULLETIN NO. 0039 WEIGHT REDUCTION MEDICATIONS AND PROGRAMS

Decision rationale: The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient is noted to have gained 29 pounds since the industrial accident; attempts at eating healthy and exercising were noted. However, the exact BMI of the patient was not documented. There is no documentation of failure of lifestyle modifications and exercise over course of at least 6 months. Therefore, the request for medically managed weight loss program is not medically necessary.