

Case Number:	CM13-0066857		
Date Assigned:	01/08/2014	Date of Injury:	07/25/2010
Decision Date:	04/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/17/2013

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 chronic neck, bilateral shoulder, and low back pain reportedly associated with an industrial injury of July 25, 2010. Thus far, the applicant has had a hernia repair surgery in October 2009, electrodiagnostic testing of the bilateral lower extremities of 2011 and 2012 (which was notable for evidence of lower extremity polyneuropathy) and extensive periods of time off of work, on total temporary disability. A clinical progress note of November 28, 2012 comments that the applicant is obese. She is apparently on Zestril, Zocor, and Tenormin, for hypertension and dyslipidemia. A November 27, 2012 progress note comments that the applicant stands 5 feet 10 inches tall and weighs 265 pounds and, has a 60-pack-per-year history of smoking. The applicant has a history of methylamphetamine abuse, and does have electrodiagnostically confirmed lower extremity polyneuropathy. An October 1, 2013 progress note comments that the applicant is morbidly obese, weighing 280 pounds, and is unable to exercise. She is unable to undergo spine surgery until she successfully loses weight. In a Utilization Review Report of December 13, 2013, the claims administrator approved a request for Opana while denying a weight loss program. The claims administrator stated that there is very limited research supporting weight loss programs and that there was no evidence of medical comorbidities, which would suggest the need for a supervised weight loss program. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

weight loss program: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, 19104, USA

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: The MTUS does not address the topic of weight loss programs. However, MTUS 9792.20j states that Nationally Recognized Guidelines disseminated by National Organization with affiliates based in two or more US States can be employed in circumstances in which the MTUS does not address the topic. As noted by AETNA, a national insurer would affiliates in two or more states, a weight loss program is medically necessary in those applicants who have a BMI greater than or equal to 27 with associated obesity risk factors such as coronary artery disease, hypertension, dyslipidemia, obstructive sleep apnea, and/or diabetes. In this case, the applicant carries two of the aforementioned risk factors, namely hypertension and dyslipidemia. The applicant's height of 5 feet 10 inches and weight of 280 pounds results in a calculated BMI of 40, it is further noted. The applicant has clearly failed to lose weight for a period of what now spans several years. Weight loss program is therefore indicated. Accordingly, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.