MAXIMUS Federal Services

Case Number:	CM13-0070766		
Date Assigned:	01/08/2014	Date of Injury:	10/25/2012
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker reported an injury on 10/25/2012 secondary to unknown mechanism of injury. The diagnoses included thoracic, cervical and lumbar spine myoligamentous injury, postconcussive syndrome, sleep depression, abnormal weight gain and gastritis secondary to medications. The injured worker was evaluated on 09/09/2013 for reports of neck, thoracic and lower back pain, stress, anxiety and depression, difficulty sleeping and gastritis. The exam noted a 40 pound weight gain since the reported injury. The injured worker was 64 inches tall and weighed 194 pounds. The treatment plan included physical therapy, MRI and weight loss program. The request for authorization dated 10/07/2013 is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECIAL SERVICE/PROC/REPORT -- WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals Of Internal Medicine, Volume 142, Pages 1-42, January 2005 Evaluation Of The Major Commercial Weight Loss Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tsai, A. G., & Wadden, T. A. (2005). Systematic Review: An Evaluation Of Major Commercial Weight Loss Programs In The United States. Annals Of Internal Medicine, 142(1), 56-66.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not address weight loss programs. The cited evaluation notes supporting the use of specialized weight loss programs suboptimal. There is no indication that the injured worker has failed to lose weight with a self-directed diet and exercise program. Furthermore, there is no indication in the documentation provided of the duration or plan to evaluate the program for efficacy. Therefore, the request for special service/proc/report -- weight loss program is not medically necessary and appropriate.