MAXIMUS Federal Services

Case Number:	CM14-0005067		
Date Assigned:	01/24/2014	Date of Injury:	05/04/2001
Decision Date:	06/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/14/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 a 60 year old male with an injury date of 05/04/01. Based on the 11/25/13 progress report provided by [redacted] the patient is considered morbidly obese and complains of ongoing neck pain which radiates into the right upper extremity. The patient is diagnosed with the following: 1. Right C7-T1 radiculopathy 2. Possible right ulnar neuropathy 3. Severe cervical stenosis secondary to intradural mass C7 to T2 [redacted] along with "[redacted] feel that because he is grossly over 400 pounds he needs to lose weight and after that he would be a more suitable surgical candidate for his known orthopedic problems." [redacted] is requesting for a weight loss program. The utilization review determination being challenged is dated 12/19/13 and recommends denial of the weight loss program. The rationale was that a trial of supervised program with [redacted] for a month and a half was authorized, but the patient made no attempt to attend the program. [redacted] is the requesting provider and provided treatment reports from 01/17/13- 11/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, and Medical Disability Advisor (MDA) Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight Loss Program, Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039.

Decision rationale: According to the 11/25/13 report by [redacted], the patient presents with ongoing neck pain which radiates into the right upper extremity. The request is for a weight loss program. On the 10/31/13 report, [redacted] states that "This man needs to lose 100+ pounds so he can proceed with lumbar spine surgery." Standing at 6'2 and weighing over 400 pounds, the patient's BMI is calculated as 51.4 which is considered obese. Neither MTUS, ODG, nor ACOEM have any say on the weight loss program so the AETNA website was referred to (http://www.aetna.com/cpb/medical/data/1_99/0039.html). AETNA allows "medically supervised" weight loss program only. [redacted] is not medically supervised. This patient has a BMI of over 30 kg/m2 and weight loss would be beneficial. However, there is no indication that the patient will be medically supervised with [redacted]. Recommendation is for denial. The weight loss program is not medically necessary.