

Case Number:	CM14-0005404		
Date Assigned:	01/24/2014	Date of Injury:	05/29/2013
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 33-year-old female who has submitted a claim for left shoulder impingement syndrome and lumbar sprain/strain associated with an industrial injury date of May 29, 2013. Medical records from 2013 were reviewed, the latest of which, dated December 12, 2013, revealed that the patient continues to complain of pain in the neck to the left shoulder as well as pain in the low back to the left leg. On physical examination, there was noted tenderness at the level of C5-C6 and L5-S1. Impingement test is positive on the left shoulder. Treatment to date has included chiropractic therapy, myofascial release, infrared, and inferential unit. Utilization review from January 2, 2014 denied the request for weight loss program because there is limited evidence that support the superiority of weight loss program over the conventional weight loss prescription of proper diet and exercise.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Other Medical Treatment Guideline or Medical Evidence: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of

the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: CA MTUS and ODG do not specifically address the topic on weight loss program. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers clinician supervision of weight reduction programs medically necessary treatment of obesity when criteria are met. Weight loss program is recommended to those who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy. The following selection criteria include: BMI greater than or equal to 30 kg/m²; or has a BMI greater than or equal to 27 kg/m² with any of the following obesity-related risk factors: coronary heart disease, dyslipidemia, hypertension, obstructive sleep apnea and type 2 diabetes mellitus. Additionally, there is no scientific proof that weight loss is medically necessary to treat complaints of back pain nor post-operative ankle injuries. In this case, weight loss program was requested but the rationale is unknown due to lack of documentation. The medical records submitted did not include the patient's height, weight and BMI, or history of obesity-related risk factors of the patient. There was no documentation of trial and failure of weight loss regimen such as proper diet and exercise. Therefore, the request for weight loss program is not medically necessary.