

Case Number:	CM14-0006859		
Date Assigned:	02/07/2014	Date of Injury:	07/05/2011
Decision Date:	07/21/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/17/2014

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 Tennessee. 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 48-year-old male with a July 5, 2011 date of injury. The mechanism of injury has not been described. A progress report dated 12/2/13 states that the patient is complaining of pain. Objective findings are that the patient is 6'2" tall and weighs 285 pounds. The patient underwent a lumbar decompression procedure in June 2013, however he still has limitations in range of motion and spasm in the paravertebral muscles. Diagnostic impressions: lumbar radiculopathy, pain in limb. Treatment to date includes medication management, activity modification, home exercise regimen. The UR decision dated 12/13/2013 denied the request, however the rationale behind the decision was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS PROGRAM WITH [REDACTED] 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: According to the Aetna Clinical Policy Bulletin a complete blood count, dexamethasone suppression test, EKG, Glucose Tolerance Test, Thyroid Function tests, metabolic and chemistry profiles, urinalysis, and lipid profile are all medically necessary for the evaluation of overweight or obese individuals. In this case, there is no documentation that these tests have been performed. There is no mention in the physician reports that patient has failed a self-directed diet and exercise program. Therefore, the request for Weight Loss Program with [REDACTED] was is not medically necessary and appropriate.