MAXIMUS Federal Services

Case Number:	CM14-0100334		
Date Assigned:	09/23/2014	Date of Injury:	04/22/2010
Decision Date:	10/22/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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:

This is a 59-year old male with a 4/22/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/19/14 noted subjective complaints of right knee pain. A 4/28/14 progress report noted patient weight of 287 pounds and a weight of 285 pounds in 2/14. Diagnostic Impression: cervical radiculopathy, thoracic or lumbosacral neuritisTreatment to Date: 1 year weight loss program with [redacted] chiropracticA UR decision dated 6/24/14 denied the request for weight loss program w/ [redacted] w/ 9 months. There is no documentation of the patient having any failed attempts at a self-directed exercise program and change in diet for weight loss. In addition, the requested program has not been successful in his most recent series of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGH LOSS PROGRAM W [redacted] W 9 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN JOURNAL OF CLINICAL NUTRITION

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 this issue. Aetna clinical policies and other literature state that physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwick Ian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. Weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. However, there is no connection between the obesity and the industrial injury or its treatment. There is no documentation of failure of self-directed home exercise program. Furthermore, from the period 2/14 to 4/14 while in [redacted], patient has not lost any weight. Therefore, the request for weight loss program w [redacted] w 9 months was not medically necessary.