MAXIMUS Federal Services

Case Number:	CM14-0101509		
Date Assigned:	09/16/2014	Date of Injury:	01/21/2013
Decision Date:	10/17/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 21, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; and earlier shoulder surgery on July 8, 2013. In a Utilization Review Report dated June 13, 2014, the claims administrator denied a request for medically supervised weight loss program. The claims administrator invoked non-MTUS Medicare Guidelines in its denial, despite the fact that ACOEM addresses the topic.The applicant's attorney subsequently appealed. In a progress note dated June 6, 2014, the applicant reported persistent complaints of neck and low back pain, 6-7/10. The applicant stated that he had gained from 327 to 400 pounds following the industrial injury. MRI imaging was reportedly pending. The applicant stated that he was using Norco six to seven tablets a day. Authorization was sought for epidural steroid injection therapy, Norco, and Prilosec as well as the weight loss program at issue. The attending provider, it is incidentally, did note that the applicant was not working and last worked in January 2013. The attending provider also stated the applicant's weight in the subjective section of the report but did not report the same in the objective finding section of the report. The applicant's height and BMI were likewise not recorded.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5, Treatment of Obesity (Rev.54, issued: 04/28/06, effective: 02/21/06, implementation: 05/30/06 carrier/10/02/06 FI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on individual risk modification, including the weight loss program at issue may be "less certain, more difficult, and possibly less cost effective." In this case, the attending provider did not, it is incidentally noted, furnish the applicant's height and/or BMI along with the request for authorization, nor did the attending provider state what attempts the applicant had made to try and lose weight of his own accord. The attending provider did not, it is further noted, state whether or not he actually measured or checked the applicant's weight in the clinic setting or whether or not the documentation of the applicant's weight was based on the applicant's own self-report. The request, thus, is not indicated both owing to the tepid-to-unfavorable ACOEM position on the article at issue as well as the paucity of supporting information on the part of the attending provider. Accordingly, the request is not medically necessary.