

Case Number:	CM14-0010555		
Date Assigned:	02/21/2014	Date of Injury:	09/23/1985
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 has filed a claim for chronic low back pain and derivative weight gain reportedly associated with an industrial injury of September 23, 1985. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; anxiolytic medications, including Ativan; unspecified amounts of acupuncture; and extensive periods of time off of work. In a utilization review report dated January 14, 2014, the claims administrator denied a request for a 10-week weight loss program, citing non-MTUS Guidelines from the Annals of Internal Medicine. The applicant's attorney subsequently appealed. A progress note dated September 26, 2013 was notable for comments that the applicant had reported heighten complains of low back pain. The applicant was out works, it was stated and was reportedly unable to exercise owing to 45-pound weight gain, the applicant now weighed 193 pounds, it was stated. The applicant's height was not stated. Authorization was sought for 10-week weight loss program. Ativan was apparently renewed. It was stated, somewhat incongruously, in another section of the report that the applicant was given work restrictions and was reportedly working with said limitations in place, while the earlier section of the report suggested that the applicant was not working. A November 7, 2013 progress note was notable for comments that the applicant had gained another 5 pounds and was now weighing 198 pounds. Topamax and Ativan were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) WEEKS: WEIGHT LOSS PROGRAM ([REDACTED] [REDACTED], BETWEEN 9/26/2013 AND 4/13/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow, V., Barry, P., Fitterman, N., Qaseem, A., Weiss, K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Annals of Internal Medicine, 2005 Apr 5; 142(7): 525-31.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, strategies based on modification of individual risk factors such as weight loss may be lessened, more difficult, and possibly less cost effective. Thus, the ACOEM seemingly takes the position that weight loss programs and strategies based on weight loss are lessened, more difficult, less cost effective, and are not specifically endorsed. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would off-set the unfavorable ACOEM recommendation. It is further noted that the attending provider did not document the applicant's height or body mass index (BMI) on any recent office visit and, furthermore, stated on multiple occasions that the applicant weighed 198 pounds. It do not appear, thus, that the applicant's weight was in fact being measured on a visit-to-visit basis and that the applicant's old weight was seemingly been copied over from visit-to-visit. Therefore, the request is not medically necessary, for all the stated reasons.