

Case Number:	CM14-0013369		
Date Assigned:	02/26/2014	Date of Injury:	10/18/2006
Decision Date:	07/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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:

This is a 61-year-old female with a date of injury of 10/18/06. The injury was to her lower back and bilateral knees, and the mechanism of injury was not noted. On 1/6/14, she complained of sacroiliac joint pain. She stated that at this time she would prefer a weight loss program rather than any type of surgery for relief of her pain. Exam findings were consistent with sacroiliac joint pain and arthritis. The diagnostic impression is chronic pain, degenerative disc disease of the lumbar spine, weight gain. Treatment to date includes medication management. A utilization review decision dated 1/27/14, denied the request for a weight loss program. There was insufficient documentation of information that qualifies the patient for a weight loss program. Treatment to date: medication management. A UR decision dated 1/27/14, denied the request for a weight loss program. There was insufficient documentation of information to qualify the patient for a weight loss program.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline, Washington State Department of Labor and Industries, Medical Aid Rules and Fee Schedules Guidelines.

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."

Decision rationale: 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 or a BMI greater than or equal to 27 and less than 30 and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension, obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia. The patient's BMI on 1/28/13 was 37.8. She was documented to weigh 200 lbs and be 5'1. In addition, there is no discussion of failure of diet and exercise programs. However, the request for a weight loss program does not indicate duration of time being requested for the program, therefore, the request for a weight loss program is not medically necessary.