

Case Number:	CM14-0130790		
Date Assigned:	08/20/2014	Date of Injury:	09/04/2009
Decision Date:	09/23/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Practice 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 44-year refuse collection truck driver reported low back pain on 9/4/09 which he attributed to prolonged sitting in his truck. Treatment has included medications, physical therapy, chiropractic manipulation, acupuncture, H-wave therapy and an epidural steroid injection. A 3/15/13 MRI performed 9/24/14 revealed multiple degenerative changes with small disc bulges and no significant canal or neuroforaminal stenosis. A Permanent and Stationary report by the patient's former primary treater documents that a previous request for a weight loss program had been made because the patient had gained 30 pounds since his injury, and had been denied in UR in November 2012. A UR letter of non-certification dated 7/17/14 is included in the available records. It makes reference to a progress note from the current primary treater dated 6/18/14. Per the UR letter, on 6/18/14 the patient's complaints included low back pain radiating to the L leg and foot. Exam findings included tenderness, limited back range of motion, and positive tests for radiculopathy. A request was made for an unspecified weight loss program, which was non-certified on 7/17/14. A request for IMR of this decision was made on 8/15/14. Not a single note from the current primary treater, who works in the same group as the previous treater, is included in the available records. There is no documentation of his rationale for requesting a weight loss program. None of the available notes in the record document the patient's height, weight, or Body Mass Index.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown medical weight-loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation article: 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. Ann Intern Med 2005 Apr 5;142(7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate, an online evidence-based review service for clinicians, (www.uptodate.com), Obesity in adults: Overview of management.

Decision rationale: Per the UptoDate reference cited above, medical necessity for a "weight loss program" is contingent upon more than just the presence of obesity. Patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UptoDate guideline lists several obesity management protocols from major national medical organizations. The treating physician has not provided sufficient information regarding this injured worker's past and current weight, prior treatment for obesity, specific details of any proposed obesity treatment, goals for treatment, and duration of any proposed treatment. Absent these kinds of specific details and treatment plan, a request for a weight loss program lacks the necessary components to demonstrate medical necessity. A medical weight loss program is not medically necessary due to the complete absence of documentation regarding its necessity, or of the details, duration and goals of the program.