MAXIMUS Federal Services

Case Number:	CM14-0131401		
Date Assigned:	08/20/2014	Date of Injury:	12/13/2010
Decision Date:	09/22/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 Medicine 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 56-year-old male with a 12/13/10 date of injury. The mechanism of injury was not noted. According to a 7/21/14 progress report, the patient reported persistent back pain which he rated an 8/10 on the pain scale. He rated his neck pain a 7/10. He said that his neck and back pain continue to be severe. He continued to have severe left knee pain and that "everything is getting worse". The patient's weight was 316 pounds. He said that he has gained about 30 pounds in the past six months due to inactivity. Objective findings: gait is moderately antalgic, pain with facet loading bilaterally in cervical and lumbar spines, palpation of the lumbar and cervical spine reveals bilateral paraspinal tenderness. Diagnostic impression: degenerative disc disease, L5-S1 neural foraminal narrowing bilaterally, chronic pain, cervical radiculopathy.Treatment to date: medication management, activity modification, chiropractic treatment, acupuncture, physical therapy, ESI, medial branch block. A UR decision dated 8/12/14 denied the request for weight loss program. There is no indication that the claimant has tried and failed to lose weight independently. It is unclear whether the claimant has tried diet modification, exercises, or behavior modification to address weight gain. Treatment to date: medication management, activity modification, chiropractic treatment, acupuncture, physical therapy, ESI, medial branch block. A UR decision dated 8/12/14 denied the request for weight loss program. There is no indication that the claimant has tried and failed to lose weight independently. It is unclear whether the claimant has tried diet modification, exercises, or behavior modification to address weight gain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically supervised weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, exercise is recommended. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity.

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:Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs 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.

Decision rationale: CA MTUS and ODG do not address this issue. 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 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 (Pickwickian 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. However, weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. Utilization Review must make determinations based solely on medical necessity. Causation and or compensability AOE/COE per the DWC are not in the scope of utilization review. The patient is noted to weigh 316 pounds. However, there is no documentation of the patient's height in order to calculate his BMI. In addition, there is no discussion of failure of diet and exercise programs. Furthermore, this request for a weight loss program does not indicate the duration of time being requested for the program. Therefore, the request for Medically supervised Weight Loss Program is not medically necessary.