

Case Number:	CM14-0160508		
Date Assigned:	10/06/2014	Date of Injury:	06/14/2010
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 48 year old male who reported an injury on 06/04/2010. The mechanism of injury was not provided. His diagnoses include lumbar radiculopathy, stenosis of lumbar, sciatica, cervical spondylosis without myelopathy, and pain in the lower leg joint. His past treatments included physical therapy, TENS unit, massage, a CPAP machine, and anti-inflammatory medications. His medication history included Butrans patch 5mcg, Hydrocodone 5/325mg and Senokot-S 8.6-50mg, Topiramate 25mg, Naproxen 550mg and Pantopazole 20mg. On exam date 10/09/2014, the injured worker complained of inadequate pain control from the Butran patches, and the inability to continue aqua therapy due to an incontinence of the bowel and pain in his lower extremities. Upon physical examination, the treating physician noted the injured worker to be morbidly obese, no present edema or swelling in any extremity, antalgic gait, and cervical paraspinous tenderness and pain over his knees. A previous consultation on 06/16/2014 showed that the injured worker had gone from 238 pounds on 05/22/2014 to 320 pounds indicating weight gain of 82 pounds. The treatment plan was for a medically supervised weight loss program in order to be considered for left knee joint replacement surgery and cervical spine surgery. A Request for Authorization was not submitted for review.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Lifestyle (diet and exercise) modifications.

Decision rationale: The request for a medically supervised weight loss program is not medically necessary. The injured worker complained of pain in the lower extremity joints on an exam dated 10/09/14. The Official Disability Guidelines recommend lifestyle modifications, to include diet and exercise, as first-line interventions and state that the reduction of obesity along with an active lifestyle can have major health benefits. The submitted documentation indicated that the injured worker was morbidly obese and a supervised weight loss program was recommended prior to knee and spine surgery. However, there was no supporting documentation showing failed conservative care such as individual efforts at weight loss with diet changes and a home exercise regimen attempt, dietician consults, and or structured nutritional value changes. Although there is documentation of excessive weight gain, in the absence of documentation showing failed individual efforts and other first-line interventions, the request is not supported. As such, this request is not medically necessary.