

Case Number:	CM14-0174117		
Date Assigned:	10/28/2014	Date of Injury:	06/14/2010
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/22/2014

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 Texas. 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 with a date of injury on 6/14/2010. The injured worker was dumping debris, when he sustained an injury. He has ongoing chronic thoracic, neck and low back pain with some left knee injury as well. Notes indicate that the injured worker is a potential candidate for lumbar surgery. However, secondary to his weight, he is not felt to be an appropriate candidate for surgical treatment. In the interim, he has ongoing low back pain and dysfunction. The injured worker has a body mass index of 44, which would qualify him as morbidly obese. There is a comment that the injured worker is unable to lose weight on his own secondary to pain.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Arch Phys Med Rehabilitation, 2004 Apr; 85(4):640-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Intern Med. 2005 Jan 4;142(1):56-66. Systematic review : an evaluation of major commercial weight loss programs in the United States. Tsai AG1, Wadden TA.

Decision rationale: The injured worker is morbidly obese, which the physician notes only in his appeal to a prior non certification of a supervised weight loss program. Regardless, the assertion is made by the physician that the injured worker needs a medically supervised weight loss program so that he can work with a dietician and receive counseling from such a person. The physician states that the injured worker has not lost weight secondary to pain. At present, the available clinical data does not support efficacy with a supervised weight loss program. The injured worker is obese. There remains nothing in the file to indicate that even the rudiments of guidance in terms of appropriate, low fat eating, etc. has been addressed with the injured worker. The injured worker's chronic pain, which has been present for months (although there is use of both Butrans and Hydrocodone), is identified by the physician as an impediment to the injured worker losing weight. It will be present in either an independent weight loss program or a specially supervised weight loss program. At present, the data does not indicate that lower levels of care have been exhausted prior to pursuing such a program. Even a session or two with a dietician would be appropriate and acceptable, but a medically supervised weight loss program is not seen to be medically necessary at this time. Therefore, the request is not medically necessary and appropriate.