

Case Number:	CM14-0174662		
Date Assigned:	10/27/2014	Date of Injury:	10/01/2010
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine & Rehabilitation, 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 54-year-old woman with a date of injury of 10/1/2010. Records indicate that she is being treated for diagnoses of back pain, upper arm joint pain, lower leg joint pain, depressive disorder, lumbar radiculopathy, foot pain and hip pain. Medication management includes Topamax, Prilosec, Carafate and Ultracet. Lumbar epidural steroid injection is being requested. Weight bearing foot x-rays was as of 9/25/14. On 10/1/2014, weight loss program referral was requested for the aforementioned diagnoses. Provided records indicate that PR2 dated 8/14/14 indicates that the claimant gained almost 100 pounds in a very short period of time due to nerve medications. However there is no objective data available on which to base the diagnosis of obesity.

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 OtherMedicalTreatment Guideline orMedicalEvidence: Medical Disability Advisor by Presley Reed, M.D., Obesity

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 1 prevention, personal risk modification, page

Decision rationale: The injured worker has been diagnosed with multiple musculoskeletal disorders causing chronic pain. Request has been submitted for a weight loss program. No duration of treatment, goals or supported diagnosis of obesity relating to pain are provided in the available documentation. Although weight loss could be considered modification of individual risk factors for muscular skeletal pain, documentation does not provide the clinical support for a weight loss program or the specific clinical expertise required from such a program. Therefore, the request for weight loss program is not medically necessary.