

Case Number:	CM14-0183384		
Date Assigned:	11/10/2014	Date of Injury:	12/04/2009
Decision Date:	12/26/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45-year-old male with a date of injury of 12/04/2009. The listed diagnoses are: 1. Cumulative trauma from repetitive motion. 2. Cervical spine myalgia. 3. Right shoulder tendinitis. 4. Left shoulder tendinitis. 5. Postop right carpal tunnel syndrome. 6. Postop left carpal tunnel syndrome. 7. Postop left trigger finger release 3rd and 4th digits. 8. Lumbar spine sprain/strain. 9. Lumbar spine myalgia. 10. Anxiety. 11. Depression. 12. Sleep apnea. 13. Weight gain. 14. Medication-induced gastritis. 15. Respiratory abnormality. 16. Sexual dysfunction. According to progress report 07/03/2014, the patient presents with headaches, neck, bilateral shoulder, bilateral elbow, bilateral wrist/hand, low back pain. The patient also reports continued depression and anxiety due to his pain and disability, and reports difficulty sleeping and breathing. The treater recommends the patient participate in a weight loss program at [REDACTED]. Utilization review denied the request on 10/01/2014. Treatment reports from 01/14/2014 through 08/14/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program with [REDACTED]: 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 Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039

Decision rationale: This patient presents with back, arms, wrist, and hand pain. The patient also complains of sleep and breathing issues due to pain. Treater is requesting a weight loss program with [REDACTED]. The California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) guidelines do not discuss Weight Loss Programs specifically. However, [REDACTED] Weight Reduction Medications and Programs (Number: 0039) states, " Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met." Review of the medical file does not show that this patient meets the criteria provided by [REDACTED] for a weight reduction program. Furthermore, the treater does not discuss if other measures of weight loss have been tried and failed. [REDACTED] states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. Recommendation is not medically necessary and appropriate.