MAXIMUS Federal Services

Case Number:	CM14-0020694		
Date Assigned:	04/30/2014	Date of Injury:	06/21/2007
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 applicant is a represented [redacted] employee who has filed a claim for bilateral wrist, elbow, and low back pain reportedly associated with an industrial injury of June 21, 2007. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; muscle relaxants; unspecified amounts of aquatic therapy over the life of the claim; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 12, 2014, the claims administrator apparently denied a weight management program while approving request for Topamax and Norco. An August 15, 2013 progress note is notable for comments that the claimant had had recent epidural steroid injection therapy and was attending water aerobic classes. The claimant's height, weight, and BMI were not provided. The claimant was using Norco, Relafen, Topamax, Flexeril, and Zyrtec. The claimant was asked to continue working. It was stated that portions of the claimant's claim had been administratively contested by the claims administrator. In an appeal letter dated March 12, 2014, the attending provider stated that the claimant had a BMI of 43 and was morbidly obese. It was stated that the claimant had gained 30 pounds secondary to industrial injury. It was stated that attempts at weight loss could diminish the claimant's low back pain. A weight management program was therefore sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT MANAGEMENT PROGRAM FOR 12 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: According to the MTUS/ACOEM Guidelines, strategies based on modification of individual risk factors, including the weight loss program being proposed here, may be "less certain, more difficult, and possibly less cost effective." In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Similarly, no medical evidence and/or treatment guidelines were provided to offset the unfavorable ACOEM recommendation. Therefore, the request for a weight loss program for twelve weeks is not medically necessary and appropriate.