

Case Number:	CM14-0030884		
Date Assigned:	06/20/2014	Date of Injury:	07/05/2011
Decision Date:	11/03/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/11/2014

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 Family 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:

This 48-year-old man has chronic low back pain reported to be a result of an injury that occurred on 1/6/14. There are no details of the injury in the available records. Treatment has included medication, physical therapy and a lumbar decompression surgery performed in June of 2013. The patient has been off work since at least 6/13. A 12/2/14 progress note from the primary provider, an orthopedic surgeon, states that the patient has continued pain, limitation of back range of motion, and dysesthesia at and below the knee in an L5 dermatomal distribution. The patient is 6 ft. 2 inches tall and weighs 285 lbs. The plan is to continue the patient's Neurontin and to add Lidocaine patches. The patient is advised to continue home exercises. Authorization is requested for repeat neurodiagnostic testing, and for the [REDACTED] weight loss program. The rationale given for the weight loss program is that the patient's increased weight is rendering him less active, which is placing increased stress over the lumbar spine. The physician states that the patient will need to lose at least 50 lbs., and that he will probably need to be in the program for three months, though he did not include these details in his request. A follow-up report dated 1/6/14 from the primary provider's office is signed by a physician's assistant. It includes an appeal for the denied weight loss program. It states that the patient's current weight is 295 lbs. (Height is still 6 ft. 2 in.), and that the patient's pre-injury weight was approximately 260 lbs. He has tried to lose weight himself and has failed (details not included), and that therefore he would be a candidate for a commercial weight loss program. It also notes that the patient is a candidate for lumbar spine surgery, but his morbid obesity precludes him from proceeding with surgical intervention. A utilization review report dated 2/17/14 does not certify the requested weight loss program and recommends substituting a 2-month trial of [REDACTED]. A request for IMR was generated in regards to this decision.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity

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: Up-to-date, an online, Evidence-Based Review Service For Clinicians (www.uptodate.com), Obesity in Adults: Overview of Management.

Decision rationale: The MTUS does not provide direction for weight loss programs or obesity treatment. Medical necessity for a "weight loss program" is contingent upon more than just the presence of obesity. Per the Up-to-date reference, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This Up-to-date guideline lists several obesity management protocols from major national medical organizations. The treating physician has not provided sufficient information regarding this injured worker's prior treatment for obesity and of specific details of the proposed obesity treatment. Weight loss goals, specifics of treatment and treatment duration are not stated in the request. It is unclear why the requested program is preferable to [REDACTED], which was the modification suggested in UR. Absent these kinds of specific details and treatment plan, a request for a weight loss program lacks the necessary components to demonstrate medical necessity. According to the evidence-based citation above and the clinical findings in this case, a weight loss program is not medically necessary because the provider has not provided sufficient information about the patient's prior weight history and attempts at weight loss, or about the nature, duration and goals of the program requested and why this specific program is necessary.