

Case Number:	CM14-0051885		
Date Assigned:	09/25/2014	Date of Injury:	01/05/2010
Decision Date:	10/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 reviewer is Board Certified in Preventive Medicine has a subspecialty 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 47 year old female who was injured on 01/05/2010. She is reported to be complaining of intermittent shooting pain in the neck, shoulder, wrist, arm and leg that prevents her from sleeping. The physical examination revealed a weight of 231 pounds; slight limitation in cervical range of motion; palpable tenderness and spasms of the cervical spine, and bilateral trapezius; limited range of motion of the neck; palpable tenderness and spasms of the lumbar spine. The injured worker has been diagnosed of cervicalgia; Lumbago; Bilateral shoulder pain; Bilateral wrist pain; Left knee pain; Left ankle and foot pain. Treatments have included carpal tunnel release; Naproxen; Cyclobenzaprine; Sumatriptan; Ondansetron; Omeprazole; Tramadol; Terocin patch. The worker has been on sick off. At dispute is the request for [REDACTED] Weight Loss Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Wing Rena R and Phalen, Suzzane. Long-Term Loss

Maintenance. Am J Clin Nutr 2005; 82(suppl):222S-5S. Laura P. Svetkey, et al. Sustaining weight loss: The weight loss maintenance Randomized Controlled Trial. JAMA. 2008; 299(10):1139-1148. doi:10.1001/jama.299.10.1139. < Ogden CL, Carroll, et al. Prevalence of overweight and obesity in the United States, 1999-2004. JAMA. 2006;958(13):1549-1555

Decision rationale: The injured worker sustained a work related injury on 01/05/2010. The medical records provided indicate the diagnosis of cervicalgia; Lumbago; bilateral shoulder pain; bilateral wrist pain; Left knee pain; Left ankle and foot pain. Treatments have included carpal tunnel release; Cervical epidural injection; Naproxen; Cyclobenzaprine; Sumatriptan; Ondansetron; Omeprazole; Tramadol; Terocin patch. The medical records provided for review do not indicate a medical necessity for [REDACTED] Weight Loss Program. The MTUS has no recommendation on weight loss program. Being overweight or obese is not a work related medical problem: nearly two-thirds of US adults are overweight or obese, the majority of them females. The strategies to losing weight include engaging in high levels of physical activity; eating a low calorie and low fat diet; eating breakfast; Regular monitor of weight; Consistent eating pattern; and taking care of any recent weight increase before it gets out of hand. None of these recognized strategies requires a weight loss prescription. The key factor is motivation, although some individuals acknowledge the trigger to weight loss was the fact that their doctor brought this to their attention. The requested treatment is not medically necessary.