MAXIMUS Federal Services

Case Number:	CM14-0057684		
Date Assigned:	07/09/2014	Date of Injury:	07/01/2011
Decision Date:	09/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 Preventive Medicine, has a subspecialty in 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 32 year old male injured his neck and lower back while lifting a heavy object at work on 07/01/2011. He has been complaining of 6/10 sharp pain in his neck an lower back. The neck pain travels from his neck to his shoulder blades. The pain is associated with occassional tingling in his right arm, headaches,and nausea. cervical sprain and Lumbar HNP L5-S1 . The range of motion in his neck and lumbar region are slightly restricted. The remaining physical examination is unremarkable except for mild weakness of thumb extensor on the left. Similarly, there is unremarkable Cervical MRI on 06/13/14, while the MRI Lumbar of 06/10/ 14 showed a stable L5-S1 disc protrusion. He said the 10 Physical therapy sessions helped, but Ibuprofen does not help. His doctor requested for weight loss program but this was denied.

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 Washington State GuidelinesMedical Aid rules & fee schedules Guidelines Obesity Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wing Rena R , and Phalan, Suzanne. Long term weight

loss maintenance American Society for Clinical Nutrition 2005 82: 222S-225 http://ajcn.nutrition.org/content/82/1/222S.full, 08/28/14.

Decision rationale: The National weight loss registry reports that those known to have maintained weight loss, report engaging in high levels of physical activity, about one hour a day, eating a low-calorie, low-fat diet, breakfast regularly, self-weight monitoring , and maintaining a consistent eating pattern. The registry also considers such factors like a doctor mentioning the need to lose weight as one of the triggers for the weight loss. Therefore, the injured worker does not need to join a weight loss program to lose weight, what he needs is motivation. His records say he is not well motivated. Additionally, the records reviewed did not specify his weight. The fact that we do not know his weight either now or prior to the injury, make it impossible to determine how much weigh he has gained since the injury. Furthermore, weight gain or obesity is not a work related medical condition. It is not covered in MTUS. Therefore, the request for Weight Loss Program is not medically necessary.