

Case Number:	CM14-0060051		
Date Assigned:	07/09/2014	Date of Injury:	10/27/2010
Decision Date:	09/05/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/30/2014

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:

This injured worker is a 48-year-old woman with a date of injury of 10/27/10. The submitted documents indicate injuries to the right upper extremity and lower back. An Ortho PR-2 (progress note) dated 12/10/13 indicates the patient's height is 5'5" and weight is 193 lbs. An Internal Medicine PR-2 dated 3/10/14 indicates the patient had been taking Sudafed and last used Phentermine in October 2013. She is reported to have lost 30 pounds with medications. Objective findings state that her weight is 188. Her diagnoses include obesity and weight gain of 60 pounds since injury. The requesting physician's PR-2, dated 4/16/14, documents subjectively that patient is taking her blood pressure at home at night and mentions chest pain and shortness of breath, along with other illegible notes, and indicates no side effects of medications. Objective findings include a weight of 186. The listed diagnoses were orthopedic condition and obesity with weight gain of 60 pounds since injury. Patient was prescribed Phentermine, and diet was discussed. A referral to a Lindora clinic for 10 weeks was prescribed. There is no medical record provided that documents the patient's weight measured objectively in a physician's office at a time closer to the date of injury to corroborate the statement that there has been a weight gain of 60 pounds. The patient has been using diet pills and has been counseled about diet, but there is no log of the patient's daily dietary intake or efforts at cardiovascular exercise. There is no documentation regarding what the goals of weight loss are and what monthly weight loss expectations are.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lindora clinic x 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15630109.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." Tsai A.G. and Wadden T.A.; the Non-MTUS Ann R CollSurgEngl, November 2009 "Obesity and recovery from low back pain: a prospective study to investigate the effect of body mass index on recovery from low back pain." Mangwani J, Giles C, Mullins M, Salih T, Natali C; the Non-MTUS Spine, Volume 21, Issue 24, pages 2826-2832, December 1996 "Low back pain: A primary care challenge." Deyo R.A. and Phillips W.R.; the Washington State Department of Labor and Industries Medical Aid Rules & Fee Schedules Guidelines, Professional Services 7/1/09, OBESITY TREATMENT; and on the Non-MTUS http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm.

Decision rationale: The California MTUS guidelines and the ODG guidelines are silent on weight loss or specific treatment for weight loss. ACOEM states that the patient has a responsibility to stay active and increase activity to minimize disuse, atrophy, aches and musculoskeletal pain. The patient is currently making efforts at weight loss and has had some success independently. There is no documentation of her specific dietary intake, daily diet regimen, daily exercise, or stated goals for the weight loss. Washington state guidelines indicate that, in order to be eligible for obesity treatment, the worker must be severely obese with a body mass index (BMI) of 35 or greater. This patient's current BMI is 30.9 using the US Department of Health and Human Services BMI calculator online. A search of medical literature found very little support for commercial weight loss programs as compared to diet and exercise alone. The current report does not state why the patient cannot continue with her current regimen, as it appears to be effective. Taking into consideration the medical evidence provided and the references/guidelines, this request is not considered to be medically necessary.