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| Case Number: | CM14-0066405 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 09/05/2007 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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 major depressive disorder, pain disorder, sleep dysfunction, chronic pain syndrome, and opioid dependence reportedly associated with an industrial injury of September 5, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; psychological consult; psychological testing; unspecified amounts of chiropractic manipulative therapy; adjuvant medications; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated April 23, 2014, the claims administrator failed to approve a request for a medically supervised weight program. The applicant's attorney subsequently appealed. In a September 24, 2011 progress note, the applicant was apparently using capsaicin cream, gabapentin, Norco, and Protonix. The applicant was apparently not working at this point, with permanent limitations in place. In an August 23, 2012 progress note, the applicant reported multifocal shoulder, low back, mid back, left leg, and left foot pain. The applicant stood 6 feet 6 inches tall and weighed 351 pounds, it was suggested on that date. On December 18, 2012, the applicant was asked to pursue epidural steroid injection therapy. Permanent work restrictions were endorsed. It was suggested that the applicant had had a history of positive marijuana test results. In an appeal letter dated May 1, 2014, the primary treating provider sought authorization for a medically supervised weight loss program, capsaicin cream, Protonix, and epidural steroid injection therapy. The attending provider posited that the applicant still had chronic low back pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically supervised weight loss program: 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: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategy based on modification of individual risk factors such as the weight loss program at issue may be "less certain, more difficult, and possibly less cost effective." Thus, the ACOEM position on the medically supervised weight loss program at issue is, at best, tepid-to-unfavorable. No rationale on medical evidence to support pursuit of said program in the face of ACOEM's tepid-to-unfavorable position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.