

Case Number:	CM14-0073972		
Date Assigned:	07/16/2014	Date of Injury:	01/21/2005
Decision Date:	09/09/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/21/2014

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 expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 injured worker is a 53-year-old female who reported a pulling injury on 01/21/2005. On 12/31/2013, it was noted that she weighed 214 pounds and was attending the [REDACTED] program and having successful weight loss. Her diagnoses included gastroesophageal reflux disease; chronic pain of the upper left extremity, neck, and upper back; medication induced constipation; depression; medication induced xerostomia; marked obesity with an industrial weight gain of 65 to 70 pounds by history; sleep disorder; and excessive hair loss, probably stress induced. On 03/28/2014, it was noted that her weight was 208 pounds. She was no longer attending the [REDACTED] program due to financial stress. The treatment plan included better eating skills education; that she should continue her exercise program and increase her physical activity as tolerated. Rationale for the [REDACTED] program was that it was required because she had a marked reduction in physical activity caused by her work injury. A request for authorization dated 04/08/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **PROGRAM:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of therapy for obesity in adults, George A Bray MD October 25, 2013 Evidence for Resistance Training as a Treatment Therapy in Obesity, Barbra Strasser and Wolfgang Schobersberger.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications.

Decision rationale: The Official Disability Guidelines recommend lifestyle changes, including diet and exercise, as interventions for the reduction of obesity, stating that an active lifestyle can have major benefits. A diet that is based on high heat treated foods increases markers associated with an enhanced risk of type 2 diabetes and cardiovascular diseases in healthy people. Eating breakfast is associated with a decreased chance of developing type 2 diabetes. For each additional day per week of breakfast intake, there was a 5% decrease in risk of developing Type 2 diabetes. A low carbohydrate diet is better than a conventional low-calorie diet. Comparing 3 different diets--a low fat diet, a low glycemic index diet, and a low carbohydrate diet--found that participants used up the most energy with the low carbohydrate diet, but there were metabolic disadvantages to this approach and the low glycemic index diet was recommended. The low glycemic index diet is best for weight loss and cardiovascular disease prevention. The best long term approach is to avoid restriction of any major nutrient--either fat or carbohydrate--and instead focus on the quality of nutrients. Relatively unprocessed, low glycemic index foods are best. Cutting back on white bread, white rice, potato products, prepared breakfast cereals, and concentrated sugars are recommended. This worker had been attending [REDACTED] for an unknown period of time and was still able to maintain a weight loss regimen after she was no longer participating in the program. It appeared that she had learned sufficient skills to be able to lose weight without the structured and expensive program. She was being counseled on food intake, diet and nutrition, and was participating in a home exercise program with the treatment plan of increasing her exercise as tolerated. Therefore, this request for [REDACTED] Program is not medically necessary.