

Case Number:	CM13-0054058		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2009
Decision Date:	04/13/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/31/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 chronic neck pain reportedly associated with an industrial injury of April 20, 2009. In a Utilization Review Report dated October 7, 2013, the claims administrator failed to approve a request for [REDACTED] weight loss program. The claims administrator referenced non-MTUS Guidelines in the determination, along with progress note of August 15, 2013 and December 17, 2013. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated August 31, 2010, the applicant was given a 33% whole person impairment rating. Permanent work restrictions were imposed. It was acknowledged that the applicant was not working at this point in time. In an RFA form dated September 23, 2013, aquatic therapy and a weight loss program were endorsed. Multifocal complaints of shoulder pain, neck pain, elbow pain and headaches were evident. The applicant was using a variety of medications, including Motrin, Flexeril, and Celebrex. The applicant reportedly weighed 347 pounds. The applicant's height and BMI were not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **PROGRAM X 6 WEEKS:** 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: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: No, the request for a weight loss program was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 1, page 11, strategies based on modification of the individual risks factors such as the weight loss program at issue may be less certain, more difficult, and possibly less cost effective. Here, the attending provider did not furnish any clear or compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on article at issue. The attending provider did not identify what efforts (if any) the applicant had or had not made to lose weight of her own accord. The attending provider did not, furthermore, outline the applicant's height and/or BMI on or around the date of the request. Therefore, the request was not medically necessary.