

Case Number:	CM14-0184813		
Date Assigned:	11/12/2014	Date of Injury:	04/28/2011
Decision Date:	03/11/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 52 year old male, who sustained an industrial injury on 4/28/2011. The mechanism of injury was not noted. He has reported shortness of breath and being overweight with elevated blood pressures. The diagnoses have included overweight and obesity. Treatment to date was diagnostics and medications. Currently, as per the primary treating physician's PR2 dated 8/19/14, the IW has lost 95 pounds to date and has been to [REDACTED] a total of 2 weeks. He was down from 361 pounds to 267 pounds. The blood pressure was stable at 110-120/70. On 10/8/14 Utilization Review non-certified a request for [REDACTED] 10 Weeks 220 Gallons, noting the indication for the [REDACTED] for weight loss, as opposed to similar methods of weight loss such as restricting calories and exercising, is not seen in the notes reviewed. The (ACOEM) Occupational Medicine Practice Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] 10 Weeks 220 Gallons: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Personal Risk Modification Page(s): 11. Decision based on Non-MTUS Citation Wollner, S., Blackburn,

D., Spellman, K., Khaodhlar, L. & Blackburn, G.L. Weight-loss programs in convenient care clinics: a prospective cohort study. American journal of health promotion : AJHP 25, 26-29 (2010).

Decision rationale: According to MTUS guidelines, strategies based on modification of individual risk factors such weight loss may be less certain, more difficult, and possibly less cost-effective to prevent back pain. There is no documentation that the patient failed weight control with exercise and diet. Caloric restriction associated to Diet modification, exercise and behavioral modification are the first line treatment of obesity. They don't require formal program. Drug therapy and surgery could be used in combination to the other modalities. There is no need for a formal program to loose weight for this patient. Therefore, the request for [REDACTED] 10 Weeks 220 Gallons is not medically necessary.