

Case Number:	CM14-0189928		
Date Assigned:	11/21/2014	Date of Injury:	12/27/2012
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Interventional Spine 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 patient is a 39 year old female with a date of injury of 12/27/12. The listed diagnoses are cervical spine musculoligamentous strain /sprain, thoracic sprain/strain and lumbar sprain/strain. According to the progress report dated 10/7/14, the patient presents with continued pain in the neck, mid and low back region. The patient is using a TENS unit, which helps to decrease her symptoms and use for medications. The patient currently weighs 189 lbs and her goal weight is 162 lbs. Her body mass index is 29. Examination of the cervical spine revealed tenderness to palpation with spasm over the paraspinal musculature and trapezius muscles. Range of motion is decreased on all planes. Examination of the thoracic spine revealed tenderness to palpation with spasm over the paraspinal musculature. Examination of the lumbar spine revealed tenderness to palpation with spasm over the paraspinal musculature and bilateral sacroiliac joints. The treating physician would like to recommend a weight loss program, as the patient has gained 30 pounds due to inactivity from injury. The utilization review denied the request on 10/21/14. Treatment reports from 7/10/14 through 10/7/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 5.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Weight Reduction Medications and Programs Number: 0039 http://www.aetna.com/cpb/medical/data/1_99/0039.html

Decision rationale: This patient presents with continued pain in the neck, mid and low back region. The current request is for WEIGHT LOSS PROGRAM QTY 1. The MTUS, ACOEM and ODG guidelines do not discuss Weight Loss Programs specifically. However, Aetna Weight Reduction Medications and Programs (Number: 0039) states, " Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met." Review of the medical file does not show that this patient meets the criteria provided by Aetna for a weight reduction program. Furthermore, the treating physician does not discuss if other measures of weight loss have been tried and failed. Aetna states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. The requested weight loss program is not medically necessary.