MAXIMUS Federal Services

Case Number:	CM14-0189993		
Date Assigned:	11/21/2014	Date of Injury:	11/11/2009
Decision Date:	01/15/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of November 11, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with an abdominal hernia; abdominal hernia repair surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for a formal weight loss program. It was suggested that the applicant had alleged multifocal pain complaints secondary to cumulative trauma at work, the claims administrator noted. The claims administrator invoked non-MTUS Medicare Guidelines in its denial. The claims administrator stated that its decision was based on RFA forms dated May 23, 2014 and September 24, 2014. The applicant's attorney subsequently appealed. In a July 7, 2014 progress note, the applicant reported persistent complaints of abdominal wall pain. The applicant apparently had a nontender, reducible incisional hernia present. It was stated that the applicant should pursue an incisional hernia repair once he is able to lose weight. The applicant's height, weight, and BMI, however, were not reported on this occasion. In a September 24, 2014 progress note, the applicant reported persistent complaints of neck pain radiating into the digits as well as low back pain radiating into the legs. The applicant's physical exam was reportedly unchanged. The attending provider stated that he was seeking authorization for a weight loss program but did not document the applicant's height, weight, and/or BMI. Norco and senna were renewed. On July 11, 2014, the applicant presented with persistent complaints of low back, right shoulder, and right knee pain. The applicant stood 5 feet 6 inches tall and weighed 225 pounds, it was noted on this occasion. The applicant stated that his general surgeon had informed him that he needed to be less than 200 pounds before a hernia

repair surgery could be performed. On May 23, 2014, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Formal Weight Loss Program (Lindora): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5-Treatment of Obesity (Rev. 54, Issued: 4-28-06, Effective: 2-21-06, Implementation: 5-30-06 Carrier/10-2-06 FI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Medscape, Obesity Treatment and Management article

Decision rationale: While the MTUS Guideline in ACOEM Chapter 1, page 11 acknowledged that strategies based on modification of applicant-specific risk factors such as the weight loss program at issue may be "less certain, more difficult, and possibly less cost effective," this recommendation to some degree, is contravened by a more updated medical treatment guideline in Medscape's Obesity Treatment and Management article, which states that scientific evidence indicates that multidisciplinary programs would likely produce and sustain modest weight loss between 5% to 10% for the long-term. In this case, furthermore, the applicant is apparently contemplating a ventral hernia repair surgery. The applicant's general surgeon, however, has taken position that the surgery should not/cannot be performed until the applicant reaches the target weight of less than 200 pounds. The applicant currently weighs around 225 pounds; it was suggested on several progress notes, referenced above. Moving forward with a weight loss program, thus, may be the most cost effective option for this particular applicant as a lower weight would likely result in a lower risk of preoperative complications. Therefore, the request is medically necessary.