

Case Number:	CM14-0195693		
Date Assigned:	12/03/2014	Date of Injury:	11/06/2009
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 & Rehabilitation, Spinal Cord Injury and is licensed to practice in New York. 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 66-year-old female who reported an injury due to a trip and fall on 11/06/2009. On 08/21/2014, her diagnoses included moderate to severe degenerative disc disease of the cervical spine with headaches, multilevel degenerative disc disease of the lumbar spine, right hip trochanteric bursitis, left hand contusion, bilateral carpal tunnel syndrome, right ankle Achilles tendinitis, irritable bowel syndrome, sleep apnea, morbid obesity and hypertension. On 08/21/2014, it was noted that she not had lost any recent significant weight. On 09/19/2014, it was noted that she had lost 22.9 pounds and gained back 8.5 pounds for a total loss of 14.4 pounds in 7 months while participating in a formal weight loss program. On 09/16/2014, it was recommended that she go on a diet to lose at least 40 pounds prior to undergoing upper and lower GI endoscopies. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional sessions of a weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for eight additional sessions of a weight loss program is not medically necessary. The Official Disability Guidelines recommend diet and exercise as first line interventions. Dietary and exercise modifications are essential for all patients with diabetes. Reduction of obesity and an active lifestyle can have major benefits. 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 is recommended. The low glycemic index diet is best for weight loss and cardiovascular disease prevention. This injured worker had lost weight while attending a weight loss program, but was regaining the weight she had lost. It was recommended that she diet to lose 40 pounds prior to the proposed GI procedures. There was no documentation of this injured worker being involved in a home exercise program. The need for a formal weight loss program was not clearly demonstrated in the submitted documentation. Therefore, this request for eight additional sessions of a weight loss program is not medically necessary.