

Case Number:	CM14-0196697		
Date Assigned:	12/04/2014	Date of Injury:	04/25/2011
Decision Date:	01/22/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/24/2014

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, 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 is a 44-year-old gentleman with a date of injury of 4/25/11. Mechanism of injury was a slip and fall on a waxed floor causing a "splits" injury. The patient landed on his knees and hands. The patient injured his low back and both knees. The patient had conservative measures, including PT, chiropractic care and medications. The patient has also had epidural injections. Due to persistent severe symptoms, the patient was referred to an orthopedist who diagnosed the patient with lumbar disc syndrome and lumbosacral radiculitis. The patient was later referred to a pain specialist and an orthopedic spine specialist. The patient is noted to be obese and weighs 298 pounds. Options were discussed with the patient, including surgery. Weight loss was encouraged by the orthopedist. On 9/23/14, the patient followed up with his PTP orthopedist, telling him that he would like to cancel pain management visits, as he felt over medicated. The request for weight loss was submitted to Utilization Review with an adverse determination rendered on 10/21/14. The rationale for denial is that there is no weight history, co-morbidities have not been documented, and no initial self-directed efforts are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 115, 138. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ann Intern Med. 2005 Jan 4;142(1):56-66. Systematic review: an evaluation of major commercial weight loss programs in the United States.

Decision rationale: The CA Chronic Pain MTUS is silent on the issue of weight loss programs, and ACOEM is vague on this subject, but does recognize that there is general benefit to patients to increase physical activity and that weight reduction can enhance self-esteem. Therefore, consider the above referenced review from the Annals of Internal Medicine, which published an evaluation of the major commercial weight loss programs in the United States. It concludes that with the exception of 1, a trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. Controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. In this case, the patient is obese and multiple orthopedic issues. A trial of a weight loss program may be reconsidered, but prior to consideration of this, there are issues that have yet to be clarified. First of all, the initial measure would be a self-directed effort at weight loss by the patient (self-directed diet and exercise). On failure of this, the doctor should specify the type of program requested (keeping in mind that [REDACTED] does have some literature support). Finally, it would have to be specified that a trial is first indicated, and the request should be made for a specific duration of a trial to see if this patient is compliant to a program and responds to a program. Otherwise, medical necessity is not established at this juncture for this non-specific request for a weight loss program.