

Case Number:	CM14-0202426		
Date Assigned:	12/15/2014	Date of Injury:	07/10/2012
Decision Date:	01/29/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, 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 56 year-old truck driver sustained an injury on 7/10/12 when he blacked out and collided with a guard rail while employed by [REDACTED]. He developed left shoulder and lower back pain. Request(s) under consideration include Medical weight loss program. Diagnoses include lumbar disc disease/ spondylosis & spondylolisthesis grade 1 with radiculitis; obesity with diabetes and hypertension. The patient continues to treat for chronic ongoing pain symptoms. Report of 10/21/14 from the provider noted the patient had constant low back pain radiating to both legs; unable to walk more than 10 minutes without pain. Follow-up report of 11/4/14 noted continued lower back pain and bilateral leg symptoms. Office noted request on 9/29/14 for [REDACTED] weight loss program. Pain in lower back occasionally radiates down both legs with associated numbness and tingling. Exam showed unchanged findings of wide-based gait; left antalgic; limited lumbar range in flex/ext/rotation/ and bending of 45/0/35/15 degrees; mild paraspinal tenderness and at SI joint; motor strength of 5/5 in lower extremity EHL, quads, peroneal, and TA with positive SLR at 60 degrees. Treatment plan included medical weight loss to consider reduce risk of blood clots and infection plus make diabetes and hypertension easier to control saving industrial insurance carrier serious amounts of money that could be avoided. The request(s) for Medical weight loss program was non-certified on 11/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS treatment of Obesity

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Obesity, page 320; The Washington State guidelines state: Obesity does not meet the definition of an industrial injury or occupational disease. There is no published literature on the Medi-Fast weight loss program that indicates consistent success.

Decision rationale: This 56 year-old truck driver sustained an injury on 7/10/12 when he blacked out and collided with a guard rail while employed by [REDACTED]. He developed left shoulder and lower back pain. Request(s) under consideration include Medical weight loss program. Diagnoses include lumbar disc disease/ spondylosis & spondylolisthesis grade 1 with radiculitis; obesity with diabetes and hypertension. The patient continues to treat for chronic ongoing pain symptoms. Report of 10/21/14 from the provider noted the patient had constant low back pain radiating to both legs; unable to walk more than 10 minutes without pain. Follow-up report of 11/4/14 noted continued lower back pain and bilateral leg symptoms. Office noted request on 9/29/14 for [REDACTED] weight loss program. Pain in lower back occasionally radiates down both legs with associated numbness and tingling. Exam showed unchanged findings of wide-based gait; left antalgic; limited lumbar range in flex/ext/rotation/ and bending of 45/0/35/15 degrees; mild paraspinal tenderness and at SI joint; motor strength of 5/5 in lower extremity EHL, quads, peroneal, and TA with positive SLR at 60 degrees. Treatment plan included medical weight loss to consider reduce risk of blood clots and infection plus make diabetes and hypertension easier to control saving industrial insurance carrier serious amounts of money that could be avoided. The request(s) for Medical weight loss program was non-certified on 11/12/14. Although MTUS/ACOEM are silent on weight loss program, the ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention of TKA/ Total Knee Replacement if the patient is sufficiently fit to undergo the short-term rigors of surgery, not identified here. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The fewer symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. In addition, while weight reduction may be desirable in this patient, there is no medical treatment for functional restoration process hindered as a result of the obesity. A search on the National Guideline Clearinghouse for Weight Loss Program produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long term maintained weight

loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this July 2012 injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. It does not appear the patient has had weight gain with obesity criteria met at initial injury date. The provider has not identified any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here. The Medical Weight Loss Program is not medically necessary and appropriate.