

Case Number:	CM14-0203369		
Date Assigned:	12/15/2014	Date of Injury:	04/08/2011
Decision Date:	02/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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, has a subspecialty in Pain 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:

This 48 year old female sustained a work related injury on 04/08/2011. According to Utilization Review the date of injury was 04/08/2011. Progress reports submitted for review noted the date of injury from 01/08/2003 to 04/08/2011. The mechanism of injury for 04/08/2014 was not made known. According to an Agreed Medical Re-evaluation dated 08/28/2014, the provider noted that a medical weight loss program was recommended. He also noted that his belief was that in regards to the injured worker, that her obesity was not the result of any work-related injury and that the treatment of her multiple orthopedic problems required a weight loss program. Looking at the injured worker's medical condition, it was the provider's opinion that at least 50 percent of the treatment for her obesity was non-industrially related. As of a progress report dated 10/14/2014, the injured worker presented with a flare up of low back pain and complained of constant moderate to severe pain radiating down her right leg to the thigh and down her left leg to the foot. She noted numbness and tingling of her right foot. She also reported stiffness, tightness, limited range of motion and sleep disruption. Diagnoses included lumbar sprain, disk degeneration, sprain/strain hip unspecified, sprain knee/leg, sprain foot/toe/heel, facet arthropathy/hypertrophy, disc bulge lumbar and varus deformity knee. According to the provider, the injured worker had attempted [REDACTED] and diet and exercise on her own in attempt to lose weight to help relieve her symptoms; however she had not been successful. Her bilateral hip, left knee and bilateral foot complaints were unchanged. The injured worker noted a flare up of lumbar spine pain with radicular symptoms. She also continued to experience bilateral hip, bilateral foot and left knee pain. Psychiatric evaluation was still pending authorization. Objective findings included a computerized range of motion testing of the lumbar spine using a dual inclinometer which revealed flexion at 15 degrees, extension at 8 degrees, lateral flexion at 8 degrees to the left and 10 degrees to the right. Computerized muscle testing

revealed knee flexion strength was 3.2kg on the left, 2.9kg on the right. Knee extension strength was 2.0kg on the left and 2.3kg on the right. Computerized muscle testing revealed foot inversion strength was 1.8kg on the left and 1.3kg on the right. Foot eversion strength was 3.8kg on the left and 0.9kg on the right. Plan of care included [REDACTED] program, Flexeril, lumbar support and a follow up in four weeks. On 11/05/2014, Utilization Review modified the request for [REDACTED] weight loss program. The request was made on 10/14/2014. According to the Utilization Review provider, the claimant had failed attempts at weight loss with diet and exercise as well as [REDACTED]. A trial of a one month's trial of a [REDACTED] weight loss program which is a medically based program is established. Re-evaluation of progress after one month is required to determine if the program is having success given the prior unsuccessful attempts at weight loss. Referenced guidelines included Medical Disability Advisor. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor

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: Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>).

Decision rationale: Regarding the request for a weight loss program, CA MTUS and ODG do not address the issue. A search of the National Library of identified an article entitled "Systematic review: an evaluation of major commercial weight loss programs in the United States." This article noted that, with the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, it appears the patient has tried multiple weight loss strategies previously. However, it is unclear exactly why these methods failed, and whether they were closely monitored and revised by her treating physician. Furthermore, the current request for "[REDACTED] weight loss program" does not include a duration of treatment. Guidelines do not support the open-ended application of any treatment modalities. Since the patient has previously tried weight loss programs with no success, it seems reasonable to attempt a trial of the [REDACTED] weight loss program to identify whether this will be successful. Unfortunately, there is no provision to modify the current request. Due to the above issues, the currently requested "[REDACTED] weight loss program" is not medically necessary.