

Case Number:	CM15-0001049		
Date Assigned:	01/12/2015	Date of Injury:	07/12/2001
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 patient is a 57 year old male who sustained a work related injury on July 12, 2001. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar disc disease, morbid obesity and hypertension. There was no documentation of previous surgical interventions. No radiological diagnostic testing was reported. According to the primary treating physician's progress report on November 25, 2014, the injured worker was recommended to lose over 50 pounds prior to lumbar spine surgery. The injured worker's current weight was documented at 290 pounds. The injured worker's height is 5 foot 7 inches. No BMI's were noted. There was no discussion of previous dieting, exercise or diet attempts. Current medications are noted as analgesics and treatment modalities were not documented. There was no discussion of degree of low back pain, radiation, or physical examination of the lumbar spine. The injured worker ambulates with a cane. The physician requested authorization for a Medically Managed Weight Loss Program for 12 weeks as related to lumbar injury. On December 15, 2014 the Utilization Review denied certification for the Medically Managed Weight Loss Program for 12 weeks as related to lumbar injury. Citations used in the decision process were evidenced based guidelines regarding weight loss programs, efficacy and lifestyle changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program for 12 weeks as related to lumbar injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Meta-analysis of the Efficacy of Weight Loss Programs, (Tsal and Wilson, 2005)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, Ann Intern Med 2005 Apr 5;142(7):525-31

Decision rationale: According to guidelines it states for the treatment of obesity should be eating healthy and exercise. Other options include pharmacology and bariatric surgery. There is no evidence to support a weight loss program and thus is not medically necessary.