

Case Number:	CM15-0009424		
Date Assigned:	01/27/2015	Date of Injury:	01/28/2010
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old male sustained an industrial injury on 1/28/10. He subsequently reports chronic back pain. Diagnoses include cervical sprain/strain. MRI's dated 10/13/12 and 5/20/14 reveal abnormalities of the cervical spine. The UR decision dated 12/18/14 non-certified the 99199 Medically Supervised Weight Loss Program (Unspecified Duration). The MTUS: ACOEM guidelines, the Chronic Pain Medical Treatment guidelines and ODG-TWC, ODG Treatment, Integrated Treatment/ Disability Duration guidelines are silent on weight loss programs. Therefore, the non-certification was based on the treatment not meeting Washington State guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically supervised weight loss program (unspecified duration): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Guidelines, Obesity

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight loss. http://en.wikipedia.org/wiki/Weight_loss.

Decision rationale: According to MTUS guidelines, strategies based on modification of individual risk factors such weight loss may be less certain, more difficult, and possibly less cost-effective to prevent back pain. There is no documentation that the patient failed weight control with exercise and diet. Caloric restriction associated to Diet modification, exercise and behavioral modification are the first line treatment of obesity. They don't require formal program. Drug therapy and surgery could be used in combination to the other modalities. There is no need for a formal program to loose weight for this patient. Therefore, the request for medically supervised weight loss program is not medically necessary.