

Case Number:	CM15-0107015		
Date Assigned:	06/05/2015	Date of Injury:	10/27/2011
Decision Date:	07/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 43-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of October 27, 2011. In a utilization review report dated May 22, 2015, the claims administrator denied a weight loss program. An RFA form received on May 15, 2015 and associated progress notes of May 11, 2015 and April 8, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of low back, neck, hip, knee, and ankle pain, seemingly worsened since the preceding visit. The applicant was placed off of work, on total temporary disability. The applicant has continued using a cane. Unspecified medications were continued. The applicant's height, weight, and BMI were not reported. On May 11, 2015, the applicant again reported multifocal complaints of neck, low back, knee, and hip pain. The applicant was apparently having issues with severe knee arthritis, it was reported. The applicant was apparently trying to use a cane to move about. The attending provider sought authorization for a weight loss program without reporting the applicant's height, weight, and/or BMI. The attending provider suggested that the applicant needed to lose weight prior to pursuing a total hip arthroplasty. The applicant was, once again, placed off of work, on total temporary disability.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Pain: A Primary Care Challenge, Beyo, Richard A MD, MPH Spine 15 December 1996 - Volume 21 - Issue 24 - pp. 2826-2832.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: No, the request for a weight loss program was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modifications of applicant-specific risk factors such as the weight loss program at issue may be less certain, more difficult, and possibly less cost effective. Here, the attending provider failed to furnish a compelling applicant-specific rationale to support the weight loss program in the face of the unfavorable ACOEM position on the same. The applicant's height, weight, and BMI were not, furthermore, reported on the May 11, 2015 progress note in which the article in question was proposed. Therefore, the request was not medically necessary.