

Case Number:	CM15-0107546		
Date Assigned:	07/20/2015	Date of Injury:	11/14/2011
Decision Date:	08/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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: Emergency 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 is a 48 year old male with a November 14, 2011 date of injury. A progress note dated April 21, 2015 documents that the injured worker is requesting an additional ten week weight loss program, as he completed a ten week weight loss program and lost fifty pounds. The note documents objective findings (tenderness to palpation of the lumbar paravertebral muscles bilaterally; tenderness to palpation of the bilateral gluteals; tenderness to palpation of the bilateral sacroiliac joints; positive Kemp's bilaterally; decreased range of motion of the lumbar spine), and current diagnoses (lumbar spine sprain/strain; thoracic or lumbosacral neuritis or radiculitis; displacement of thoracic or lumbar intervertebral disc; lumbosacral spondylosis). Treatments to date have included weight loss program and medications. The treating physician documented a plan of care that included a weight loss program for ten weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program for 10 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K Pharmacologic and surgical management of obesity in primary care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna clinical policies states: "Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039 Policy Note.

Decision rationale: The requested Weight loss program for 10 weeks is not medically necessary. The MTUS, Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) do not address weight loss programs. Aetna clinical policies states: "Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039 Policy Note: Many Aetna plan benefit descriptions specifically exclude services and supplies for or related to treatment of obesity or for diet and weight control. The injured worker has is requesting an additional ten week weight loss program, as he completed a ten week weight loss program and lost fifty pounds. The note documents objective findings (tenderness to palpation of the lumbar paravertebral muscles bilaterally; tenderness to palpation of the bilateral gluteals; tenderness to palpation of the bilateral sacroiliac joints; positive Kemp's bilaterally; decreased range of motion of the lumbar spine), and current diagnoses (lumbar spine sprain/strain; thoracic or lumbosacral neuritis or radiculitis; displacement of thoracic or lumbar intervertebral disc; lumbosacral spondylosis). The treating physician has not documented the medical necessity for additional weight loss program sessions, as the first 10 weeks should have provided adequate instruction in applicable diet and exercise programs to continue the reported weight loss to date. The criteria noted above not having been met, Weight loss program for 10 weeks is not medically necessary.