

Case Number:	CM15-0166680		
Date Assigned:	09/11/2015	Date of Injury:	06/23/2012
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/25/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 23, 2002. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve a request for a 10-week [REDACTED] weight loss program. The claims administrator referenced an RFA form received on August 6, 2015 and an associated progress note of July 28, 2015 in its determination. The applicant's attorney subsequently appealed. In an appeal letter August 28, 2015, the applicant's treating provider stated that the applicant had gained 75 pounds over the course of the claim. The attending provider contended that the applicant weighed 275 pounds. The attending provider stated that the applicant failed to lose weight through dieting, aerobic exercises, and weight training. On July 26, 2015, the applicant reported ongoing complaints of low back pain. The applicant weighed 270-275 pounds, the treating provider reported. The attending provider contended that the applicant's attempt to lose weight through dietary modifications and/or home exercises had proven unsuccessful. The applicant had issues with low back and knee, pain, it was reported. Medical-legal evaluator reported on July 24, 2015 that the applicant had worked through 2009, but apparently ceased work at that point. The applicant stood 6 feet 4 inches tall and weighed 266 pounds; it was reported on that date. The applicant had comorbidities including hypertension, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Week ██████ Program to include labs and boosters: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5; 142(7): 525-31.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, NSAIDs, specific drug list & adverse effects.

Decision rationale: No, the request for a 10-week ██████ weight loss program to include labs and boosters was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant specific factors such as weight loss may be "less certain, more difficult, and possibly less cost effective". Here, the attending provider failed to furnish a clear or compelling rationale for selection of the program in face of the tepid ACOEM position on the same. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvements at various milestones in the treatment program in order to justify continued treatment. Here, the request for a 10-week weight loss program, thus, did not seemingly include any proviso as to reevaluate the applicant in the midst of treatment so as to ensure favorable response to the same before moving forward with such a lengthy, protracted course of treatment. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggestions of laboratory monitoring of applicants on NSAIDs includes periodic assessment of an applicant's hematologic function, renal function, and hepatic function, here, however, the request for 'labs and boosters' was ambiguous, open to a variety of different interpretations, and did not clearly state precisely what lab tests were being sought. Since the both the weight loss program and associated labs and boosters were not indicated, the entire request was not indicated. Therefore, the request is not medically necessary.