

Case Number:	CM15-0184358		
Date Assigned:	09/24/2015	Date of Injury:	02/03/2010
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 40-year-old male who sustained an industrial injury on 2-3-2010. Diagnoses have included neck pain, depression, chronic back pain, chronic intractable pain, status post L5-S1 total disc arthroplasty 5-9-2012, and L5-S1 annular tear and disc degeneration. The most recent diagnostic tests cited were a 9-25-2012 x-ray of the cervical spine showing mild narrowing at C3-C4; and, a 10-23-2012 CT scan of the lumbar spine with an impression of reactive facet joints at L5-S1. The injured worker has been attempting to manage pain with medication, and had a pain management evaluation 7-17-2015 where his pain was described by the physician as "debilitating." At the 7-22-2015 office visit, the injured worker reported low back pain at 9 out of 10 without medication, mid back pain up to 8 out of 10, and neck pain 6 out of 10. The physician noted that the injured worker has an antalgic gait and is using a single point cane to walk. Participation in specific activities of daily living was not discussed in the recent notes. The pain specialist stated the primary goal for treatment would be for the injured worker to be able to become more active. The injured worker is stated to be obese with a body mass index of 43.80, and the pain management specialist stated his exam was "positive for significant exogenous obesity" citing a 60 lb. weight gain since the injury. The note of 7-17-22-2015 states he is contemplating gastric bypass surgery as part of his treatment, but is required to show participation in an organized weight loss program. He has attempted weight loss in the past through calorie restriction and the [REDACTED] diet and lost 60 lbs. but his weight loss stalled, and he re-gained the weight over time. The provider stated that he is having difficulties losing additional weight "as exercise is difficult." The treating physician's plan of care includes a request for authorization submitted 7-22-2015 for 10 weeks of participation in the [REDACTED] weight loss program which was denied on 8-19-2015. His work status is noted as permanent and stationary, but there is no discussion stating if he is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ for 10 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Diabetes (Type 1, 2, and Gestational), Diet.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ██████████
██████████

Decision rationale: The 40 year old patient complains of headaches, neck pain, mid back pain, lower back pain, left greater than right SI joint pain, and right knee pain, rated at 3-10/10 without medications and 3-7/10 with medications, as per progress report dated 07/22/15. The request is for ██████████ for 10 weeks. The RFA for this case is dated 07/22/15, and the patient's date of injury is 02/03/10. The patient is status post L5-S1 total disc arthroplasty on 05/09/12. Diagnoses also included neck pain, chronic back pain, chronic intractable pain, L5-S1 annular tear, L5-S1 disc degeneration, and depression. Medications included Prilosec, Percocet, Oxycontin, Imitrex, and Miralax powder. The patient's work status has been documented as permanent and stationary, as per progress report dated 07/22/15. The MTUS, ACOEM and ODG guidelines do not discuss weight loss foods specifically. However, ██████████ states, "Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met." The patient is 6' 1" tall, weighs 332 lbs and has a BMI of 43.80, as per progress report dated 07/22/15. In the report, the treater states that the patient previously "lost 60 pounds on his own and has stalled on being able to lose more weight as exercise is difficult. He has already self monitored caloric intake." As per the report, the patient wishes to try ██████████ for 10 weeks before considering bariatric surgery. The treater also states that there will be specific goal for the 10 weeks and if it is met another 10 weeks of ██████████ will be requested. As per progress report dated 07/16/15, the patient's exam is positive for exogenous obesity. The patient gained over 60 lbs since the injury. He did lose 60 lbs with ██████████ diet but regained it, as per the same progress report. Given the failure of ██████████ diet in producing long-term results, it is not clear how ██████████ will benefit the patient. Furthermore, there are no peer reviewed studies available which establish the efficacy of this particular proprietary weight loss program. Therefore, the request is not medically necessary.