

Case Number:	CM15-0187300		
Date Assigned:	09/29/2015	Date of Injury:	05/19/2006
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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: Indiana

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 injured worker is a 53-year-old female who sustained an industrial injury on 05-19- 2006. Current diagnosis include moderate exogenous obesity associated with hypertension and diabetes mellitus. Report dated 08-12-2015 noted that the injured worker presented with complaints that included lower back pain with radiation down her left leg and foot, numbness and tingling in the left leg, and recurrent problems with two abdominal hernias, which are painful. Physical examination performed on 08-12-2015 revealed height-five feet 8 inches and weighs 205 pounds. Previous treatments included previous weight loss program and prior hernia repair. The physician noted that the injured worker needs to lose 30 pounds in order to proceed with abdominal hernia repair. The treatment plan included requests for norco and three month medical weight loss program, preferably [REDACTED], and follow up in six weeks for re-evaluation. Request for authorization dated 08-14-2015, included requests for three-month medical weight loss program, preferably [REDACTED] and Norco. The utilization review dated 08-24-2015, non-certified the request for three-month medical weight loss program, [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical weight loss program, 3 months, preferable [REDACTED] medical weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine: Vol 142, pg 1-42, Jan 2005, Evaluation of the Major Commercial Weight Loss Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Obesity in adults: Overview of management.

Decision rationale: MTUS is silent specifically regarding medical weight loss programs. Uptodate states, "Overweight is defined as a BMI of 25 to 29.9 kg/m²; obesity is defined as a BMI of ≥ 30 kg/m². Severe obesity is defined as a BMI ≥ 40 kg/m² (or ≥ 35 kg/m² in the presence of comorbidities)." Additionally, "Assessment of an individual's overall risk status includes determining the degree of overweight (body mass index [BMI]), the presence of abdominal obesity (waist circumference), and the presence of cardiovascular risk factors (eg, hypertension, diabetes, dyslipidemia) or comorbidities (eg, sleep apnea, nonalcoholic fatty liver disease). The relationship between BMI and risk allows identification of patients to target for weight loss intervention (algorithm 1). There are few data to support specific targets, and the approach described below is based upon clinical experience." "All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight loss. For individuals with a BMI ≥ 30 kg/m² or a BMI of 27 to 29.9 kg/m² with comorbidities, who have failed to achieve weight loss goals through diet and exercise alone, we suggest pharmacologic therapy be added to lifestyle intervention. For patients with BMI ≥ 40 kg/m² who have failed diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI >35 kg/m² with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the procedure." The treating physician explains that a weight of below 175 is necessary to undergo the abdominal hernia repair. Her current BMI is 31, which puts her in the obese category. The treating physician writes that the patient is unable to make any progress with weight loss on her own, but do not detail what weight loss (diet, exercise, and counseling) has been undertaken. As such, the request for [REDACTED] medical weight loss program is not medically necessary.