

Case Number:	CM15-0199647		
Date Assigned:	10/14/2015	Date of Injury:	01/14/2013
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/12/2015

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 53-year-old who has filed a claim for chronic neck, low pain, and knee pain reportedly associated with an industrial injury of January 14, 2013. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve a request for a weight loss treatment program. The claims administrator referenced an RFA form dated September 3, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 3, 2015 a weight loss treatment program was sought. The treating provider suggested that the claims administrator referred to the recommendations of an Agreed Medical Evaluator (AME) to determine the precise recommendations. On an associated August 11, 2015 office visit, the applicant reported ongoing complaints of neck, low back, and bilateral knee pain. A weight loss program was sought, while tramadol, Flexeril, Naprosyn, and Protonix were renewed. The applicant was placed off of work, on total temporary disability. The duration of the program was not furnished. The applicant's height, weight, and BMI were not seemingly reported. On September 9, 2015, the applicant was again placed off of work, on total temporary disability, while tramadol, Flexeril, Naprosyn and Protonix were again renewed. The weight loss program was again sought. Once again, the applicant's height, weight, and BMI were not reported. The duration of the program in question was likewise not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss treatment program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute & Chronic) Exercise.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: No, the request for a weight loss treatment program was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 1, page 11, notes that strategies based on modification of the applicant's 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 clear or compelling applicant-specific rationale which would offset the tepid-to-unfavorable MTUS position on the article at issue. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that the value of physical therapy, physical methods, and, by analogy, the weight loss program at issue increases with a prescription which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. The duration of the program in question was not specified. The applicant's height, weight, and BMI were not reported on September 9, 2015 or August 11, 2015. Therefore, the request was not medically necessary.