

Case Number:	CM15-0201543		
Date Assigned:	10/16/2015	Date of Injury:	05/14/2009
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 14, 2009. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for weight loss program every two weeks for the following one year. The claims administrator referenced a September 11, 2015 office visit and associated September 16, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said handwritten September 11, 2015 office visit, the applicant reported ongoing complaints of low back and hip pain with associated radiation of pain to bilateral lower extremities, 4 to 6/10. The applicant was on Motrin and tizanidine for pain relief. The attending provider stated that the applicant's medications were beneficial in terms of facilitating the applicant's ability to function. A weight loss program was sought. The applicant's height, weight, and BMI were not seemingly stated on this date. The attending provider suggested the applicant restart a weight loss program. The applicant's response to previous issues of said weight loss program was not, however, clearly detailed on said handwritten September 11, 2015 office visit. The applicant's height, weight, and BMI were not reported on a progress note dated June 5, 2015. The applicant is status post earlier lumbar laminectomy surgery, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program (1 year) every 2 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), Low back chapter - Aerobic exercise.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment> Obesity Treatment & Management Author: Osama Hamdy, MD, PhD; Chief Editor: Romesh Khardori, MD, PhD, FACP Scientific evidence indicates that multidisciplinary programs reliably produce and sustain modest weight loss between 5% and 10% for the long-term.

Decision rationale: No, the request for a weight loss program every two weeks for the next year 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 applicant-specific factors such as the weight loss program at issue may be less certain, more difficult, possibly less cost effective. A more updated Medical Treatment Guideline (MTG) in form of the Medscape Obesity Treatment & Management article notes that scientific evidence indicates that the multidisciplinary programs reliably producing sustained modest weight loss between 5 and 10% for the long term, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones at treatment program in order to justify continued treatment. Here, however, the attending provider's request for continued usage of the weight loss program for the neck did not contain a proviso to reevaluate the applicant in the midst of treatment before moving forward with the same. The applicant was, moreover, described on September 11, 2015 as having previously undergone a weight loss program. The applicant's response to the same was not clearly described or characterized. The applicant's height, weight, and BMI were not reported on the September 11, 2015 office visit at issue. Therefore, the request was not medically necessary.