

Case Number:	CM15-0202451		
Date Assigned:	10/19/2015	Date of Injury:	12/15/2010
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
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: Connecticut, California, Virginia
 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 35 year old female with an industrial injury date of 12-15-2010. Medical record review indicated she is being treated for cervical spine sprain-strain. Subjective complaints (09-18-2015) included "flare up" of back pain. The injured worker also complained of a weight gain of 60 pounds from 2011-2014. Her height is documented as 5 foot 3 inches with a body mass index of 34. Pre injury weight is documented as 140 pounds. Current weight is documented as 190 pounds. The treating physician documented the injured worker "has attempted to decrease food intake." Work status is documented as "modified." Physical exam (09-18-2015) noted positive axial compression test and positive straight leg raise test. Prior treatments to assist with weight loss are not indicated in the medical records. On 09-29-2015 the request for weight loss program, [REDACTED] was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program; [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/22624685.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am J Health Promot. 2010 Sep-Oct; 25 (1): 26-9. DOI: 10.4278/ajhp.080923-ARB-208. Weight-loss programs in convenient care clinics: a prospective cohort study. Wollner S1, Blackburn D, Spellman K, Khaodhlar L, Blackburn GL.

Decision rationale: It is clear and generally accepted that weight loss is beneficial in a variety of conditions, including in improving many orthopedic conditions like those in the case of this injured worker. The provided documents indicate that weight loss would potentially benefit the patient with respect to her condition. The MTUS and ODG guidelines do not provide insight into weight loss program recommendations. Utilization review non-certified the treating physician's request, however, more recent evidence supports that weight-loss program may produce medically significant weight loss. An initial trial period of a program with the opportunity for further treatment approval should successful weight loss be documented is a reasonable approach. Close follow up for evaluation of treatment efficacy is warranted, especially in light of still conflicting data as to definitive efficacy of such programs. Therefore, the in the opinion of this reviewer, the request for a weight loss program is medically appropriate.