

Case Number:	CM15-0028992		
Date Assigned:	02/23/2015	Date of Injury:	10/23/2003
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/17/2015

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:

This 54 year old male sustained a work related injury on 10/23/2003. According to a progress report dated 12/30/2014, the injured worker's low back pain persisted but was manageable with current medical regimen. The injured worker was totally permanently disabled. The injured worker required assistance with activities of daily living including bathing, dressing and grooming. He remained high fall risk and had near fall or falls on a regular basis. He relied on his wheelchair but had difficulty propelling himself due to his ongoing pain with generalized weakness with poor endurance. The injured worker was noted to have failed several attempts to lose weight including modifying his diet. The provider noted that the injured worker would be an excellent candidate for [REDACTED] On 01/15/2015, Utilization Review non-certified weight loss program such as [REDACTED] According to the Utilization Review physician, there was no clear documentation of history of failure to maintain weight at 20% or less above ideal or below a body mass index of 27; and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140mm Hg or diastolic blood pressure greater than or equal to 90mm Hg on more than one occasion, obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea or dyslipidemia (HDL cholesterol less than 35mg/dL or LDL cholesterol greater than or equal to 160mg/dL or serum triglyceride levels greater than or equal to 400mg/dL. Aetna Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program such as [REDACTED] Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Obesity, page 320

Decision rationale: Although MTUS/ACOEM are silent on weight loss program, the ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The fewer symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. A search on the National Guideline Clearinghouse for "Weight Loss Program" produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this chronic injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. There is no specific BMI or weight gain documented in comparison to initial weight at date of injury. The provider has not identified what program or any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here as the patient has remained functionally unchanged for this chronic injury. The Weight Loss Program such as [REDACTED] is not medically necessary and appropriate.