MAXIMUS Federal Services

Case Number:	CM15-0219509		
Date Assigned:	11/12/2015	Date of Injury:	10/17/2014
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/09/2015

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 21-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 17, 2014. In a Utilization Review report dated October 13, 2015, the claims administrator partially approved a request for a weight loss program of unspecified duration with three months of the same. A September 15, 2015 office visit was cited in the determination. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported ongoing issues with chronic low back pain radiating to the bilateral lower extremities. The applicant was not working, as his employer was unable to accommodate previously suggested limitations, the treating provider reported. Tylenol No. 3 was endorsed. The applicant's height, weight, and BMI were not seemingly stated. On October 20, 2015, the treating provider again furnished work restrictions, which the treating provider stated that the applicant's employer was likely unable to accommodate, resulting in the applicant's remaining off work, on total temporary disability. Norco and Motrin were endorsed. The applicant had lost 5-10 pounds, the treating provider reported, stood 5'10" tall and weighed 269 pounds. The weight loss program in question was pending, the treating provider reported. On September 15, 2015, the treating provider contended that the applicant gained 31 pounds since the date of injury. The applicant reportedly weighed 261 pounds; it was stated on this occasion. The treating provider imputed the weight gain to the applicant's industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program medically supervised: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna clinical policy Bulletin: weight reduction medications and programs.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, Prevention. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/123702-treatmentObesity 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 medically supervised weight loss program was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as the weight loss program in question may be "less certain, more difficult, and possible less cost effective." While a more updated Medical Treatment Guidelines (MTG) in the form of Medscape's Obesity Treatment And Management article acknowledges that multidisciplinary weight loss programs reliably produce and sustain modest weight loss between 5-10% for the long term, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy, physical methods and, by implication, the weight loss program in question increases with a prescription for the same which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. The duration of the program in question was likewise not stated. The components of the weight loss program in question were likewise not stated. Therefore, the request was not medically necessary.