MAXIMUS Federal Services

Case Number:	CM15-0224564		
Date Assigned:	11/20/2015	Date of Injury:	05/11/2011
Decision Date:	12/31/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/17/2015

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 5-11-2011. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral shoulder pain, lumbar region intervertebral disc disease, and long-term use of opiate analgesics. On 10-16-2015, the injured worker reported bilateral shoulder pain with radiation into the bilateral upper extremities with numbness and tingling that extended into the fingers and lower back pain with radiation into the left lower extremity. The Primary Treating Physician's report dated 10-16-2015, noted the injured worker's Buprenorphine did decrease his pain from an 8 out of 10 on the visual analog scale (VAS) to a 4 out of 10, a 50% reduction of pain, increasing his tolerance for use of the upper extremities as well as ambulation. The injured worker's current medications were noted to include Protonix, Buprenorphine, Glipizide, Ibuprofen, Insulin, Terocin cream, and Gabapentin. The physical examination was noted to show impingement signs present with limited left shoulder range of motion (ROM). Prior treatments have included acupuncture, noted to have not helped with the pain, physical therapy, chiropractic treatments, H-wave, TENS, and shoulder surgeries. The treatment plan was noted to include a surgical consult for the left shoulder, a prescription forth Buprenorphine, and appeal for a psych consult with cognitive behavioral therapy (CBT) and a current appeal for a medically supervised weight loss program. The 9-3-2015 Physician letter noted the injured worker's height was 5 feet 5 inches with the weight at 230 pounds, bringing the BMI to 38.3, putting the injured worker in the morbidly obese category, diagnosed with diabetes 6 months post injury. The Physician noted he did not believe the injured worker would succeed in an outpatient diet program, and that he

needed a medically supervised program given his obesity and diabetes.The request for authorization was noted to have requested a medically supervised weight loss program. The Utilization Review (UR) dated 11-12-2015, non-certified the request for a medically supervised weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically Supervised weight loss program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The current request is for a medically supervised weight loss program. Treatment history include acupuncture, physical therapy, chiropractic treatments, H-wave, TENS unit, and 2 right shoulder surgeries. The patient is not working.MTUS Guidelines, Exercise section, pages 46-47 states the following: "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated."[redacted] guidelines (aetna.com/cpb/medical/data/1_99/0039.html) were also referenced: [redacted] guidelines consider weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m2)." [redacted] allows for medically supervised programs only and no other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, [redacted] liquid protein meals, [redacted] pre-packaged foods, or phytotherapy), [redacted], [redacted], [redacted], [redacted], or similar programs. Per report 09/03/15, the patient presents with chronic lower back and shoulder pain. He currently weighs 230 pounds, bringing the BMI to 38.3, putting the patient in the morbidly obese category, and diagnosed with diabetes. The physician noted that he did not believe the patient would succeed in an outpatient diet program, and recommended a medically supervised program given his obesity and diabetes. The treater has noted that if the patient "loses weight and becomes more active, he might be able to get back to a preindustrial condition and might not require any medications for diabetes." Physician-monitored weight loss programs are supported for those with BMI greater than 30, for which this patient qualifies. However, there is no mention of increased physical activity, or trialed and failed caloric restrictions. In addition, there is no specifics regarding duration and frequency of the weight-loss program. Therefore, the request is not medically necessary.