

Case Number:	CM15-0039316		
Date Assigned:	03/09/2015	Date of Injury:	01/16/2007
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male, who sustained an industrial injury on 01/16/2007. He has reported developing pain to the neck and back after a traffic collision. The injured worker was diagnosed with status post anterior decompression and fusion at cervical four to five, cervical five to six, and cervical six to seven, status post disc arthroplasty, status post right shoulder arthroscopy, left rotator cuff tear, chronic pain, and morbid obesity. Treatment to date has included laboratory studies, status post anterior disc replacement at lumbar four to five and lumbar five to sacral one, status post anterior decompression and fusion at cervical four to five, cervical five to six, and cervical six to seven, status post failed right shoulder surgery, medication regimen, and electromyogram with nerve conduction study. In a progress note dated 01/20/2015 the treating provider reports chronic low back pain with spasms and morbid obesity. The treating physician requested weight management and weight loss noting that the injured worker had prior authorization, but was not mentally ready for the program and the authorization had then expired. The treating physician also noted that a decrease in the injured worker's weight will assist in alleviating the chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program (in months) Qty 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 evaluation of the major weight loss programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED].com.

Decision rationale: The MTUS is silent on weight management clinics. However, the MTUS does state "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." A review of the [REDACTED] clinic weight loss program website reveals that it represents itself as a comprehensive program that addresses the physical as well as the mental and lifestyle issues of weight control. However, there is no evidence that this particular weight loss program is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community. As such, it cannot be affirmed as medically necessary. It should be noted that the UR physician has certified a modification of the request for 2 months.