MAXIMUS Federal Services

Case Number:	CM15-0043046		
Date Assigned:	03/13/2015	Date of Injury:	09/17/2002
Decision Date:	04/24/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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: Colorado
Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on September 17, 2012, after repetitive trauma. He reported pain in the neck, shoulders, arms and lower back. The injured worker was diagnosed as having dyslexia, insomnia, status post cervical arthroplasty with residual pain, cervicogenic headaches, bilateral shoulder pain with calcium hydroxyapatite deposition disease, upper thoracic spine pain with mild discogenic spondylosis, lumbar spine pain with mild discogenic spondylosis, mild degenerative facet joint arthrosis of the lumbar spine, depression, fear and anxiety. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, chiropractic care, physical therapy, pain medications, psychological evaluation, and work restrictions. Currently, the injured worker complains of intense pain behind the right eye post cervical surgery, pain in the neck, shoulders, arms and lower back with radiating pain to the lower extremities and insomnia. The injured worker reported a cumulative trauma industrial injury in 2012, resulting in the above noted pain. He has been treated conservatively and surgically without resolution of the pain. It was noted there was temporary benefit with chiropractic care and physical therapy. He required pain medications to maintain function and reported anxiety, depression and fear from the chronic pain. It was noted he experienced eye pain and was diagnosed with retinal detachment however the pain resolved. Evaluation on August 14, 2014, revealed continued pain. An epidural injection was administered and pain medications were renewed. Evaluation by Pain Management October 20, 2014 revealed continued pain, and further work up including weight loss program referral was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 32.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 10. Decision based on Non-MTUS Citation Ann Intern Med. 2005 Jan 4; 142(1):56-66.Systematic review: an evaluation of major commercial weight loss programs in the United States. Tsai AG1, Wadden TA. Ann Intern Med. 2005 Jan 4;142(1):56-66.Am J Clin Nutr. 2012 Nov; 96(5):953-61. doi: 10.3945/ajcn.112.038265. Epub 2012 Sep 18.Weight loss and dropout during a commercial weight-loss program including a very-low-calorie diet, a low-calorie diet, or restricted normal food: observational cohort study. Hemmingsson E1, Johansson K, Eriksson J, Sundström J, Neovius M, Marcus C. Am J Clin Nutr. 2012 Nov; 96(5):953-61. doi: 10.3945/ajcn.112.038265. Epub 2012 Sep 18.

Decision rationale: The MTUS only addresses weight loss as part of a strategy to prevent injury in the workplace, indicating that "Strategies based on modification of individual risk factors (e.g., improving worker fitness, smoking cessation, weight loss) may be less certain, more difficult, and possibly less cost-effective." As the MTUS does not provide much guidance on this issue, and the ACOEM does not address the issue, other resources were consulted. Per the studies consulted, there is a lack of evidence to support the use of commercial and self help weight loss programs because there is a lack of efficacy of such programs. Tsai, et.al recommended further quality studies to determine effectiveness and cost efficiencies. Hemmingsson, et.al. determined that a commercial weight loss program could be successful for self-referred, self pay patients who were motivated to stay with the program. For the patient of concern. There is no recent (since October) documentation of patient's weight and no discussion of what patient has already tried to lose or maintain weight. There is also no documentation of a goal for the weight loss. (Is the weight loss intended to help with pain or overall health? Is the weight loss intended to address other issues which may or may not be work-related?) There is no record that patient requested or is willing to participate in a weight loss program, which is key to success of a program, per studies. Without appropriate documentation of the above needs for weight loss program, the request is not supported as medically necessary.