

Case Number:	CM15-0045013		
Date Assigned:	03/16/2015	Date of Injury:	11/06/2009
Decision Date:	04/17/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 66 year old female, who sustained an industrial injury on 11/6/09. She reported abdominal injury followed by stiffness and generalized pain. The injured worker was diagnosed as having cervical strain with possible radiculopathy, lumbar strain with possible radiculopathy, muscle contraction headaches, vertigo and episodes of disorientation. Treatment to date has included oral medications including Tylenol #3, weight loss clinic, cervical spine fusion and physical therapy. (MRI) magnetic resonance imaging of cervical spine was performed on 11/14/13. Notes indicate that the patient gained weight with a previous weight loss program. Currently, the injured worker complains of headaches, vertigo, episodes of disorientation, depression, neck pain, back pain and bilateral hip pain. On physical exam tenderness is noted in posterior cervical area and over lumbar spine. The treatment plan included continued weight loss, neurological evaluation and thumb splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight loss Maintenance.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>).

Decision rationale: Regarding the request for [REDACTED] program, CA MTUS and ODG do not address the issue. A search of the National Library of identified an article entitled "Systematic review: an evaluation of major commercial weight loss programs in the United States." This article noted that, with the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. Additionally, it appears the patient has previously undergone a weight loss program with resultant weight gain, and it is unclear why this program would be expected to have a different outcome. In light of the above issues, the currently requested [REDACTED] program is not medically necessary.