

Case Number:	CM15-0047852		
Date Assigned:	03/19/2015	Date of Injury:	09/30/2006
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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: Internal 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 injured worker is a 55 year old female, who sustained an industrial injury on 9/30/2006. She has reported a chemical exposure that resulted in symptoms including dizziness, nausea, burning sensation in the throat, and decreased motor coordination. The diagnoses have included fibromyalgia, panic/anxiety disorder with depression. Treatment to date included psychiatric therapy. Currently, the IW had multiple complaints including imbalance, severe pain widespread over the entire body, dizziness, incontinence, and extreme anxiety. The supplemental report from 8/20/14 documented no objective findings. The plan of care included home health care and a weight loss program.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight Loss Program, Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, 4 January 2005, Vol 142, No. 1, p56-66. Systematic Review: An Evaluation of Major Commercial Weight Loss Programs

in the United States. Adam Gilden Tsai MD and Thomas Wadden PhD.
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0021821/>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address commercial weight loss programs. An Evaluation of Major Commercial Weight Loss Programs (Systematic Review) published in the Annals of Internal Medicine, concluded that the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. The physician's report dated 8/20/14 did not document the patient's weight. The agreed medical examiner's report dated 1/20/13 did not document the patient's weight. A systematic review of major commercial weight loss programs, published in the Annals of Internal Medicine, concluded that the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. The request for authorization for a weight loss program was dated 2/23/15. No recent progress reports from the years 2014-2015 were present in the submitted medical records. The request for a weight loss program is not supported by the submitted medical records. Therefore, the request for weight loss program is not medically necessary.