

Case Number:	CM15-0059657		
Date Assigned:	04/06/2015	Date of Injury:	04/19/2012
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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: Arizona, California
 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 47 year old male, who sustained an industrial injury on April 19, 2012. He has reported head pain, neck pain, back pain, right foot pain, right wrist pain, headache, and dizziness. Diagnoses have included major depressive disorder, anxiety, psychological factors affecting a medical condition, and somatic symptoms disorder with predominant pain. Treatment to date has included medications, exercise, cervical spine surgery and imaging studies. On 12/20/13 the claimant was noted to gain weight from 270 to 310. The claimant had failed prior exercise and calorie counting. The physician requested a [REDACTED] weight loss program at the time and the claimant lost over 30 lbs. A progress note dated July 28, 2014 indicates a chief complaint of increased neck pain, irritability, anger, sleep difficulties, depression, and anxiety. The treating physician documented a plan of care that included psychotherapy and additional weight loss.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for weight loss Agency for Healthcare Quality Research 2010 Feb. p.96.

Decision rationale: According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, the claimant had lost weight previously with a [REDACTED] program. Maintenance and prevention of further weight gain is appropriate. The request was for additional weight loss but the amount/goal was not specified. Weight loss can be achieved with continuing instructions and caloric intake previously provided to the claimant. The request for additional weight loss program is not medically necessary.