MAXIMUS Federal Services

Case Number:	CM14-0122634		
Date Assigned:	08/06/2014	Date of Injury:	04/19/2012
Decision Date:	10/07/2014	UR Denial Date:	07/20/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43 year old female injured on April 19, 2012 due to a work related motor vehicle accident. The most recent clinical note by the primary treating physician, dated June 27, 2014, indicates the injured worker has lost eleven pounds in a two month period by watching portion sizes and walking. The injured worker requests a weight loss program due to pain and slow progress despite her efforts towards weight loss. Physical exam of the lumbar spine notes tenderness to palpation at the paraspinous musculature, muscle spasm, decreased sensation to light touch at right L4, and positive straight leg raising tests bilaterally, and restricted range of motion due to complaints of pain. Diagnoses include lumbar spine strain, sacroiliac strain with radicular complaints, and gastritis. Clinical note dated, June 19, 2014, indicate the injured worker weighs 168 pounds. The previous utilization review dated July 20, 2014, denied request for [redacted] sponsored weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **sponsored weight loss program:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cy and Laudin, 2005 Annals of Internal Medicine, January, volume 143 pages 1 - 42

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: J Med Internet Res. 2014 Feb 19;16(2):e58. doi: 10.2196/jmir.2857. Self-directed interventions to promote weight loss: a systematic review of reviews.Tang J1, Abraham C, Greaves C, Yates T. Systematic review: an evaluation of major commercial weight loss programs in the United States. Tsai AG, Wadden TA. Ann Intern Med. 2005 Jan 4;142(1):56-66. Review

Decision rationale: ACOEM and ODG are silent on weight loss programs. Any short term weight loss is fraught with relapse and recurrence of obesity. Only long term behavior modification strategies can maintain weight loss. The office note dated June 27, 2014, indicates the injured worker has lost eleven pounds in a two month period by watching portion sizes and walking. The injured worker requests a weight loss program due to pain and slow progress despite her efforts towards weight loss. The claimant is not satisfied with the rate of weight loss as previous attempts have achieved. The medical literature supports long term weight loss through self-directed behavior modifications is achievable. The claimant has demonstrated that weight loss is possible and should be encouraged to continue her efforts at self-directed weight loss. This request remains not medically necessary.