

Case Number:	CM14-0126421		
Date Assigned:	08/13/2014	Date of Injury:	01/13/2012
Decision Date:	09/18/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family Medicine and is licensed to practice in California. 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 patient is a 47 year-old man who was injured at work on 1/13/2012. The injury was primarily to his right shoulder and lower back. He is requesting review of denial for participation in [REDACTED] Weight Loss Program. Medical records corroborate ongoing care for his injuries. His Primary Treating Physician's Reports are included and indicate his chronic diagnosis is, Intermittent Lumbar Radiculopathy. He underwent an evaluation on 6/4/2014 by an orthopedic surgeon who concurred with this diagnosis. Treatment included: work restriction, analgesic medications, physical therapy, and chiropractic manipulation. He was recommended to continue his analgesic medications and to participate in a pool therapy/exercise program. In his evaluation on 6/24/2014, his provider stated: "The patient is obese and has a BMI of 35.6. I am requesting authorization for [REDACTED] weight loss program for him. Hopefully, with weight loss we will see a decrease in his pain as well."

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) [REDACTED] 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 Other Medical Treatment Guideline or Medical Evidence: Referenced Below.

Decision rationale: Tsai and Wadden; A Systematic Review. The most notable finding of this systematic review was as follows: "These programs were associated with high costs, high attrition rates, and a high probability of regaining 50% or more of lost weight in 1-2 years." Heshka and colleagues performed a multicenter randomized trial comparing a self-help program with a structured commercial program. At 2 years there were no significant differences in outcomes between the programs (Heshka S, et al. Weight Loss with Self-Help Compared with a Structured Commercial Program. From the patient's medical records, it is unclear what the patient's prior efforts have been to engage in a regular exercise program and in caloric restriction as part of the management of his chronic back pain. In summary, there is no substantive evidence based on a rigorous assessment of the available medical literature to support the use of a structured commercial weight loss program as superior to this patient's own self-directed program. These requested services are not considered medically necessary.