

Case Number:	CM14-0132453		
Date Assigned:	08/22/2014	Date of Injury:	08/09/2013
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation 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:

This 52 year-old patient sustained an injury on 8/9/13 while employed by [REDACTED]. Request(s) under consideration include Weight loss program. MRI of lumbar spine dated 8/27/13 showed multi-level disc bulges of 2-4 mm, facet arthropathy, and neural foraminal narrowing at L2-S1. Electrodiagnostic studies showed chronic right L5 radiculopathy. Conservative care has included physical therapy, medications, epidural steroid injections and modified activities/rest without significant benefit. The patient has remained TTD. Report of 7/15/14 from the provider noted the patient was post nerve root blocks providing relief for two days with recurrence of back pain radiating down right side, previously more on left side. The patient attempted weight loss with 10 pounds, riding street bike 3 miles, twice daily. Height listed at 5'8" at 270 pounds with BMI 41. Report of 9/20/13 had noted patient weighing 255 pounds with exam findings of tenderness over paraspinous region; SLR bilaterally at 90 degrees; decreased sensation along right L4, L5 and left L5. Treatment included weight loss program and functional capacity evaluation. The request(s) for Weight loss program was non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

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 Medical Disability Advisor by Presley Reed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Obesity, page 320 Other Medical Treatment Guideline or Medical Evidence: Washington State, Department of Labor and Industries, Medical Aid Rules & Fee Schedules Guidelines, Professional Services 7/1/09.

Decision rationale: Although MTUS/ACOEM are silent on weight loss program, the ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The fewer symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. A search on the National Guideline Clearinghouse for "Weight Loss Program" produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this August 2013 injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. Although the patient's weight has increased, his initial weight of 255 pounds with BMI of 38.8 at time of injury was previously considered at morbidly obese status. The provider has not identified what program or any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here as the patient has remained TTD without any attempt for modified work. The Weight loss program is not medically necessary and appropriate.