

Case Number:	CM14-0138608		
Date Assigned:	09/05/2014	Date of Injury:	06/08/2011
Decision Date:	10/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/27/2014

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 Nevada. 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 records, presented for review, indicate that this 49-year-old female was reportedly injured on June 8, 2011. The mechanism of injury was noted as tripping and falling over a rubber mat in a walkway. The most recent progress note, dated July 26, 2014, indicated that there were ongoing complaints of low back pain and arm pain. Current medications include Norco, Flexeril, Motrin, Valium, and Diovan. No hands on physical examination was performed on this date. Diagnostic imaging studies of the lumbar spine indicated a Grade I spondylolisthesis at L5-S1 with facet arthropathy and disc herniations at L4-L5 and L5-S1 with bilateral nerve root compression. Previous treatment included chiropractic care, aquatic therapy, and an epidural steroid injection. A request had been made for a weight loss clinic and was not certified in the pre-authorization process on August 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Clinic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0021821/>

Decision rationale: According to the National Institute of Health, each year millions of Americans enroll in commercial and self-help weight loss programs. Health care providers and their obese patients know little about these programs because of the absence of systematic reviews. These programs were associated with high costs, high attrition rates, and a high probability of regaining 50% or more of lost weight in 1 to 2 years. Commercial interventions available over the internet and organized self-help programs produced minimal weight loss. With the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. Controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Additionally, a review of the attached medical record indicates that the injured employee had previously achieved weight loss without attending the weight loss clinic or other weight loss program. Considering this, it is unclear why there is a request for enrollment in any weight loss clinic. As such, this request for participation in a Weight Loss Clinic is not medically necessary.