

Case Number:	CM14-0150199		
Date Assigned:	09/18/2014	Date of Injury:	03/11/2010
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old female with a 3/11/10 date of injury. At the time (8/8/14) of request for authorization for Weight loss program for 3 months, there is documentation of subjective (low back pain, coccyx pain, knee pain, and constant ache and cramping of the legs) and objective (tenderness to palpitation over the midline lumbar spine at L4-S1, the bilateral paraspinal muscles, and the anterior bilateral hips into the groin; decreased sensation to light over the bilateral feet and toes; and crepitus to the left knee joint) findings, current diagnoses (lumbar spine sprain/strain, left knee internal derangement, sleep apnea, and obesity), and treatment to date (medications). Medical reports identify that patient's BMI is greater than 30 kg/m. There is no documentation of documented history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27 kg/m when the following criteria are met (BMI greater than or equal to 30 kg/m and one or more of the following comorbid conditions (coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Literature Psychiatr Clin North Am, 2011 Dec;34(4);797-812.

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.aetna.com/cpb/medical/data/1_99/0039.html

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a documented history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI (Body Mass Index) greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL), as criteria to support the medical necessity of a weight reduction program. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain, left knee internal derangement, sleep apnea, and obesity. In addition, there is documentation of BMI greater than 30 kg/m. However, there is no documentation of documented history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27 kg/m when the following criteria are met (BMI greater than or equal to 30 kg/m and one or more of the following comorbid conditions (coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL)). Therefore, based on guidelines and a review of the evidence, the request for loss program for 3 months is not medically necessary.