

Case Number:	CM14-0094632		
Date Assigned:	09/22/2014	Date of Injury:	01/31/1997
Decision Date:	10/21/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational 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:

There were 52 pages provided for this review. The request for independent medical evaluation was signed on June 12, 2014. It was for one weight loss program for the neck and back no frequency and duration specified. The claimant was described as a 40-year-old woman injured on January 31, 1997. There was a neck disc and lumbar disc injury. The office visit notes from April 29, 2014 contained physical examination findings noting that she was alert and oriented in no apparent distress. The head was nontender. The neck was supple. The chest was benign. Sensation and deep tendon reflexes were intact. Strength was 5+ out of five. The diagnoses included myalgia, myositis, chronic back and knee pain, taking high risk medicines, gastroesophageal reflux disease, nonsteroidal anti-inflammatory medicine including gastritis, insomnia, morbid obesity, fatigue, abdominal pain, epigastric pain, iron deficiency anemia and leukocytosis. The workers comp injury was the neck and back discs. There were no positive physical exam findings and no objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

One weight loss program for neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. Medical Disability Advisor, under Obesity and weight loss

Decision rationale: Both the MTUS-ACOEM and the ODG-TWC guides are silent on opinions regarding weight loss. The Medical Disability Advisor, notes many ways to lose weight: "The five medically accepted treatment modalities are diet modification, exercise, behavior modification, drug therapy, and surgery. All these modalities, alone or in combination, are capable of inducing weight loss sufficient to produce significant health benefits in many obese individuals. Calorie restriction has remained the cornerstone of the treatment of obesity. The standard dietary recommendations for losing weight include reducing total calorie intake to 1,200 to 1,500 calories per day for women, and to 1,500 to 1,800 calories per day for men ("Obesity"). Saturated fats should be avoided in favor of unsaturated fats, but the low-calorie diet should remain balanced. Keeping a food journal of food and drink intake each day helps individuals to stay on track. The addition of an exercise program to diet modification results in more weight loss than dieting alone and seems especially helpful in maintaining weight loss and preserving lean body mass. Moderate activity (walking, cycling up to 12 miles per hour) should be performed for at least 30 minutes per day, 5 days a week or more. Vigorous activity that increases the heart rate (jogging, cycling faster than 12 miles per hour, and playing sports) should occur for at least 20 minutes, 3 days a week or more. Although vigorous workouts do not immediately burn great numbers of calories, the metabolism remains elevated after exercise. The more strenuous the exercise, the longer the metabolism continues to burn calories before returning to its resting level. Although the calories lost during the postexercise period are not high, over time they may count significantly for maintaining a healthy weight. Included in any regimen should be resistance or strength training 3 or 4 times a week. Even moderate regular exercise helps improve insulin sensitivity and in turn helps prevent heart disease and diabetes. Exercising regularly is critical because it improves psychological well-being, replaces sedentary habits that usually lead to snacking, and may act as a mild appetite suppressant. Behavior modification for obesity refers to a set of principles and techniques designed to modify eating habits and physical activity. It is most helpful for mildly to moderately obese individuals. One frequently used form of behavior modification called cognitive therapy is very useful in preventing relapse after initial weight loss." None of these MDA measures require a formal program; therefore, it is not possible to say a formal program is a necessary measure to lose weight in this patient. A weight loss program is not necessary to achieve weight loss; there are many no to low cost programs available in the United States to help people in weight loss efforts, such that a formal program would not be medically necessary. Therefore, the request for a weight loss program for the neck and back is not medically necessary or appropriate.