MAXIMUS Federal Services

Case Number:	CM13-0070310		
Date Assigned:	01/03/2014	Date of Injury:	12/20/2010
Decision Date:	04/02/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 20, 2010. In a Utilization Review Report dated December 13, 2013, the claims administrator failed to approve a request for a weight loss program. An RFA form of December 9, 2013 was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated October 30, 2013, the attending provider sought authorization for a weight loss program along with a multimodality transcutaneous electrotherapy device. An associated progress note of October 3, 2013 was notable for comments that the applicant had ongoing complaints of low back pain and emotional distress. The applicant weighed 268 pounds, it was stated. The applicant's height and BMI were not, however, provided. The applicant did have various issues, including chronic pain, dizziness of unknown etiology, sexual dysfunction, dyslipidemia, gastroesophageal reflux disease, depression, generalized anxiety disorder, and obstructive sleep apnea. Norco, pravastatin, Zestril, BuTrans, multimodality transcutaneous electrotherapy device, verapamil, aspirin, Skelaxin, and Xanax were refilled. The applicant was asked to continue permanent limitations previously imposed by a medical-legal evaluator. In a later note dated November 20, 2013, the attending provider noted that the applicant weighed 270 pounds. Once again, the applicant's height and BMI were not furnished. The applicant was medically retired, the treating provider noted, at age 49.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS PROGRAM ([redacted]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ANNALS OF INTERNAL MEDICINE, VOLIME 142 PAGES 1-42, JANUARY 2005 "EVALUATION OF THE MAJOR COMMERCIAL WEIGHT LOSS PROGRAM".

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: No, the weight loss program/[redacted] program was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of the applicant-specific risk factors such as the weight loss program at issue may be less certain, more difficult, and possibly less cost effective. Here, the attending provider did not furnish any clear or compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. While the attending provider did report the applicant's weight on two progress notes, referenced above, the applicant's height and corresponding BMI were not, however, reported. It was not clearly stated or established what effort the applicant had or had not made to try and lose weight on his own accord. The duration of the program at issue was not furnished. Therefore, the request was not medically necessary.