

Case Number:	CM14-0194615		
Date Assigned:	12/02/2014	Date of Injury:	10/18/2012
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 39 year old female with an injury date on 10/18/2012. Based on the 10/17/2014 progress report provided by the treating physician, the diagnoses are:1. Lumbar spine herniated nucleus pulposus2. Cervical spine herniated nucleus pulposus3. Left shoulder internal derangementAccording to this report, the patient complains of "chronic cervical spine and lumbar spine pain" that is worse with activities. The patient has "difficulty with increased weight gain despite trying to eat smaller portions, she has difficulty with exercise due to increased low back pain." Patient's BMI is 46.8, which classifies as morbidly obese. Physical exam reveals spasm at the bilateral cervical/lumbar paravertebral muscle and upper trapezius muscle. Cervical and lumbar range of motion is restricted. Cervical distraction, Maximum foraminal compression, Shoulder depression, Soto Hall, Apley Scratch Test, Scratch Test, Supraspinatus Test, Straight leg Raise, and Milgram's Test are positive bilaterally. Decreased sensation is noted over the left dorsum of the hand.Patient's past treatments include aquatic therapy with temporary relief, physical therapy, and medial branch block with benefit. Treatment plan is to complete authorized physical therapy, complete authorized CBT with biofeedback, follow up with [REDACTED] supervised weight loss program, and continue weight loss efforts. Patient is "temporarily totally disabled from work until 12/05/2014." There were no other significant findings noted on this report. The utilization review denied the request for Supervised Weight Loss Program on 10/30/2014. The requesting physician provided treatment reports from 07/23/2014 to 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised Weight Loss Program: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna: Clinical Policy Bulletin: Weight Reduction Medications and Programs: Number 39

Decision rationale: According to the 10/17/2014 requesting report, this patient presents with "chronic cervical spine and lumbar spine pain." The current request is for Supervised Weight Loss Program. Regarding weight loss programs, MTUS and ODG Guidelines do not provide a discussion. [REDACTED] guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m^2 **)." [REDACTED] allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, Optifast liquid protein meals, NutriSystem pre-packaged foods, or phytotherapy). [REDACTED] [REDACTED] or similar programs. Review of the report the treating physician documented that the patient is morbidly obese with BMI of 46.8 and "due to nature of the patient's injury rigorous exercise is not possible and weight loss must be focused on her diet;" to instruct the patient on portion control and a healthy diet. In this case, given that the patient is "obese (as defined by BMI 30 kg/m^2 **)." per [REDACTED] guidelines and the treating physician provides the documentation as required by the guidelines. The current request is medically necessary.