

Case Number:	CM15-0013455		
Date Assigned:	02/02/2015	Date of Injury:	11/27/2001
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/23/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 injured worker is a 54-year-old female, with a reported date of injury of 11/27/2001. The diagnoses include lumbar herniated disc. Treatments have included thyroid surgery. The progress report dated 11/07/2014 indicates that the injured worker complained of low back pain, and rated it 8 out of 10. There was no documentation about the injured worker's weight or how it related to her current condition. The treating physician stated that a weight loss program was needed. The rationale for the request was not indicated. On 12/17/2014, Utilization Review (UR) denied the request for a weight loss program, noting that there was no information regarding the injured worker's weight and level of function prior to the injury and how it has changed; and no clear evidence that obesity was the primary condition delaying recovery from the accepted condition.

████████████████████ was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.Ini.wa.gov/ClaimIns/Providers/Billing/FeeSched?2014/MARFS/2014PDFs/Chapter2>

0.pdf Washington State Dept. of Labor & Industries. Payment Policies for Healthcare Services Provided to Injured Workers and Crime Victims Chapter 20; Obesity Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor - Chapter, Obesity

Decision rationale: MTUS treatment guidelines do not specifically talk about weight loss program. Therefore, other guidelines were used in this review to this specific case, and the clinical documents were reviewed. The Medical Disability Advisor Guidelines were used. While calorie restriction is recommended, and encouraged, there is no specific guideline for weight loss programs. According to the clinical documents, there is no documentation of self-attempts of weight management, including medications, exercises, and diet modifications. Therefore, a specific program is not recommended. Accepting self-responsibility is the goal of the ACOEM guidelines. If the injured patient wants to attend a weight loss program, they can. There is no rationale as to why this needs to be provided, as it is not medical care. According to the clinical documentation provided and current guidelines, a Weight Loss Program is not indicated as a medical necessity to the patient at this time.