

Case Number:	CM15-0119235		
Date Assigned:	06/29/2015	Date of Injury:	10/04/2004
Decision Date:	07/29/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/19/2015

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: North Carolina
 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 61-year-old female, who sustained an industrial injury on 10/4/04. She reported pain in the neck, back, wrists, and knees. The injured worker was diagnosed as having subtle electro diagnostic evidence for right C5-6 radiculopathy. Treatment to date has included anterior cervical discectomy and fusion at C5-7 in January 2006, Botox injections, and medication. A physician's report dated 6/4/15 noted the injured worker had participated in [REDACTED] treatment and had lost 30 pounds. The injured worker's weight on 6/4/15 was 188 pounds. Currently, the injured worker complains of neck pain with radiation to the left shoulder and arm. The treating physician requested authorization for a [REDACTED] weight loss program x3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program times 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5 - Treatment of Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, and weight loss.

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 1. lower blood pressure; 2. lower elevated levels of total cholesterol, LDL and triglycerides; 3. lower elevated levels of blood glucose levels; 4. use BMI to estimate relative risk of disease; 5. follow BMI during weight loss; 6. measurement of waist circumference; 7. initial goal should be to reduce body weight by 10%; 8. weight loss should be 1-2 pounds per week for an initial period of 6 months; 9. low calorie diet with reduction of fats is recommended; 10. an individual diet that is helped to create a deficit of 500-1000 kcal/day should be used; 11. physical activity should be part of any weight loss program; 12. behavioral therapy is a useful adjunct when incorporated into treatment. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there are no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore, there is no way to see if the requested program meets NIH standards. Therefore, the request is not medically necessary.