MAXIMUS Federal Services

Case Number:	CM15-0121738		
Date Assigned:	07/02/2015	Date of Injury:	05/06/2012
Decision Date:	08/04/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/23/2015

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: 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 54-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of May 6, 2012. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for a supervised weight loss program. The claims administrator referenced an RFA form received on May 12, 2015 in its determination, along with associated progress notes of April 20, 2015 and May 4, 2015.The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant had received a previous weight loss program, it was acknowledged. The attending provider maintained that the applicant's previous weight loss program had affected a 30-pound weight loss. The applicant stood 5 feet 7 inches tall and weighed 246 pounds, it was reported. Limited lumbar range of motion was reported. Continued treatment via the weight loss program was sought. Topical Terocin compound was endorsed while the applicant was placed off of work, on total temporary disability. An earlier note of March 23, 2015, however, stated that the applicant stood 5 feet 6 inches tall and weighed 237 pounds. The applicant exhibited visibly antalgic gait and was, once again, placed off of work, on total temporary disability. A weight loss program was, once again, endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/123702-treatment.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific factors such as weight loss may be "more difficult, less certain, and possibly less cost effective." Here, the applicant had apparently received previous weight loss program and had failed to profit from the same. Despite the treating provider's assertion on April 20, 2015 to the effect that the applicant had lost 30 pounds with the weight loss program, it did not appear that the applicant had lost as much weight as the treating provider contended. The applicant was described as weighing 245 pounds on April 20, 2015. A previous progress note of March 23, 2015 suggested that the applicant weighed 237 pounds at that point. Thus, it appeared that the applicant had gained (rather than lost) weight despite receipt previously furnished weight loss program. Medscape's Obesity Treatment and Management article, furthermore, suggests that multidisciplinary weight loss programs reliably produce and sustain modest weight loss between 5% and 10% for the long-term. Here, the attending provider wrote on April 20, 2015 that the applicant's goal was to lose a total of 55 pounds so as to qualify for spine surgery. This did not appear to be a realistic expectation, given: (a) The applicant's failure to affect lasting weight gain through the previous weight loss program; and (b) Medscape's position that a 5-10% weight loss can be sustained. Therefore, the request is not medically necessary.