MAXIMUS Federal Services

Case Number:	CM15-0129415		
Date Assigned:	07/16/2015	Date of Injury:	01/23/2013
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/03/2015

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 49 year old male, who sustained an industrial injury on 1/23/2013. The medical records submitted for this review did not include the details of the initial injury or prior treatments to date. Diagnoses include hypertension. Currently, he reported feeling better on new medications for hypertension. On 6/9/15, the physical examination documented the echocardiogram revealed 65% ejection fraction. The plan of care included a request for a ten-week weight watcher program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program, 10 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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