MAXIMUS Federal Services

Case Number:	CM15-0174125		
Date Assigned:	09/15/2015	Date of Injury:	5/13/2008
Decision Date:	10/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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: Arizona, California
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 58 year old male, who sustained an industrial injury on 11-11-11. The injured worker was diagnosed as having weight gain secondary to industrial injury; Acid Reflux secondary to NSAIDs; Small hiatal hernia; hypertension; chest pain; shortness of breath; sleep disorder; internal derangement left ankle; left plantar fasciitis. Treatment to date has included physical therapy; status post left knee arthroscopy; medications. Diagnostics studies included MRI lumbar spine 4-28-15. Currently, the PR-2 notes dated 6-30-15 is hand written and difficult to decipher. The note indicated the injured worker was in a short leg splint left with axillary crutches, none weight bearing. The provider documents he is a status post left knee arthroscopy. The provider documents that on "6-22-15, was getting out of his car and the left leg felt numb when he stepped out it felt like nothing was there and he fell, his left ankle splinted in the ER..." A MRI lumbar spine dated 4-28-15 impression reveals "1) Multilevel discogenic disease and facet arthropathy, mostly notably at L4-L5 and L5-S1 with a tiny L4-L5 annular fissue. 2) Associated multilevel neural foraminal narrowing which is moderate bilaterally at L5-S1. Multilevel mild central spinal canal narrowing. 3) no fracture, subluxation or ligamentous injury." A Request for Authorization is dated 9-2-15. A Utilization Review letter is dated 8-26-15 and non-certification was for [redacted]. Utilization Review non-certified the [redacted] stating "the lack of any clinical data that this injured worker is doing anything whatsoever in terms of a self-directed protocol of diet and exercise, there is absolutely no clinical indication for any type of weight loss program." The provider is requesting authorization of [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted]**:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Annals of Internal Medicine, Volume 142, pages 1-42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for weight loss Agency for Healthcare Quality Research 2010 Feb. p.96 Obesity National Guidelines.

Decision rationale: According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no indication of calorie reduction, exercise or other behavioral interventions. There is no indication of failure or regaining of weight after prior attempts to lose weight. Although the claimant may be morbidly obese and is considering weight loss surgery, which would require a formal weight loss program, attempt at the above is not noted. Dietary consultation is not noted. Therefore, the request for a [redacted] is not medically necessary.