MAXIMUS Federal Services

Case Number:	CM15-0073951		
Date Assigned:	04/24/2015	Date of Injury:	03/15/2010
Decision Date:	11/17/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/17/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 15, 2010. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for a weight loss program. The claims administrator referenced an RFA form dated March 18, 2015 in its determination. The applicant's attorney subsequently appealed. On March 18, 2015, the applicant apparently presented with chronic low back pain, chronic shoulder pain status post earlier shoulder arthroscopy, and bilateral carpal tunnel syndrome status post left and right carpal tunnel release procedure. The applicant had reportedly gained 90 pounds and weighted "approximately 300 pounds," the treating provider reported. The applicant's height was not reported. A weight loss program of unspecified duration was sought. On February 4, 2015, the applicant was described as weighing 300 pounds. Ongoing complaints of low back pain were noted. The claimant's work status was not stated. The attending provider reiterated his request for a weight loss program. Once again, the applicant's height was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program to Improve Lumbar Spine Injury As Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/123702-treatment Obesity Treatment & Management Author: Osama Hamdy, MD, PhD; Chief Editor: Romesh Khardori, MD, PhD, FACP Evidence supports the use of commercial weight-loss programs. A 12-week randomized, controlled trial found that commercially available weight-loss programs are more successful and more affordable than primary care practice-based programs led by specially trained staff.

Decision rationale: No, the request for a weight loss program of unspecified duration was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of individual risk factors such as the weight loss program at issue may be less certain, more difficult, and possible less cost effective. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of the weight loss program at issue in the face of the tepid-to-unfavorable ACOEM position on the same. While a more updated Medical Treatment Guideline (MTG) in the form of Medscape's obesity treatment management article does support usage of commercial weight loss programs, noting that commercially available weight loss programs are more successful and more affordable than primary care-based programs, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider shoulder furnish a prescription for physical therapy, physical methods, and, by implication, other programs such as the weight loss program in question, which clearly states treatment goals. In this case, however, the attending provider did not furnish the duration of the program in question. The attending provider did not state how long he intended for the applicant to be treated via the program in question. The applicant's height and BMI were not, it was further noted, clearly documented or reported on the date in question, March 18, 2015. The request in question, thus, was ambiguous, open to a variety of different interpretations and did not clearly state treatment goals or a treatment duration. Therefore, the request was not medically necessary.