

Case Number:	CM15-0074074		
Date Assigned:	04/24/2015	Date of Injury:	11/14/1988
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
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: 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 48-year-old male who sustained an industrial injury on 11/14/88. The mechanism of injury is unclear. He currently complains of headaches, fatigue and a ten-pound weight gain in one month. He has gained 100 pounds since his injury. He is currently enrolled in [REDACTED] but has not lost any weight and wants to go to [REDACTED]. He is awaiting continuous positive airway pressure machine. Industrial related medications are omeprazole, ibuprofen, Flexaril, Ambien, Xanax. Diagnoses include restrictive lung disease; weight gain secondary to steroids taken to relieve pneumonia; gastroesophageal reflux disease; phencyclidine exposure; sleep apnea. In the progress note dated 3/16/15 the treating provider's plan of care requests authorization for injured worker to attend [REDACTED] Weight Loss Program for ten weeks for weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Weeks: [REDACTED] Weight Loss Program: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to Date guidelines, obesity.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service. The up-to date medical guidelines on obesity do not espouse prescribing any specific weight loss program. Primary intervention recommendations include dietary modification along with exercise, pharmacologic intervention for select patient, nutritional consult and surgical intervention for select patients. There is no documentation of failure or consideration of this primary recommended obesity treatment s and therefore the request is not medically necessary.