
Independent Medical Review Final Determination Letter

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Dated: 12/19/2013

IMR Case Number:	CM13-0011893	Date of Injury:	7/30/2011
Claims Number:	██████████	UR Denial Date:	7/25/2013
Priority:	Standard	Application Received:	8/15/2013
Employee Name:	██████████		
Provider Name:	██████████		
Treatment(s) in Dispute Listed on IMR Application:	Weight loss program		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 34-year-old male who reported injury on 07/20/2011 with a mechanism of injury stated to be the patient had a fall from a ladder. The patient was noted to have pins and needles in the low back. The patient was noted to have a large disc herniation at L2-3, more significant to the right side, and moderate protrusion at L4-5 and L5-S1. The diagnoses were stated to be obesity, lumbosacral sprain with radicular symptoms, multilevel lumbar disc herniations, and L2-3 disc extrusion causing moderate to severe spinal canal stenosis. The patient's weight was noted to be 380 pounds. The treatment plan was noted to include a weight loss program for the purpose of spinal surgery.

IMR DECISION(S) AND RATIONALE(S)

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

1. Weight loss program is not medically necessary and appropriate.

The Claims Administrator based its decision on the following article: J Am Diet Assoc 2007 Oct;107(10):1755-67, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the following article: Franz, M. J., VanWormer, J. J., Crain, A. L., Boucher, J. L., Histon, T., Caplan, W., et al. (2007). Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up. Journal of the American Dietetic Association, 107(10), 1755-1767.

The Physician Reviewer's decision rationale:

California MTUS/ACOEM Guidelines do not address weight loss programs. Official Disability Guidelines do not address weight loss programs. Per Franz, M. J. (2007), et al., "Weight-loss interventions utilizing a reduced-energy diet and exercise are associated with moderate weight loss at 6 months." The examination of 06/13/2013 revealed the employee's weight was 380 pounds and height was noted to be 5 feet 11 inches. The employee was noted to have a prior back surgery in 2008. The employee was noted to have pain from the low back, traveling to the right leg. The employee was noted to experience aching pain, as well as pins and needles in the low back. The detailed sensory examination of the lower extremities revealed normal dermatomal findings. The motor examination revealed 5/5 for motor testing as normal. The clinical documentation submitted for review failed to provide documentation that the employee had participated in a reduced energy diet and exercise, and failed to provide exceptional factors to warrant entry into a weight loss program. **The request for a weight loss program is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]
[REDACTED]

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