

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/5/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/13/2013
Date of Injury:	12/22/2011
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017387

- 1) MAXIMUS Federal Services, Inc. has determined the request for **a six month trial of a Weight Watchers program is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **a six month trial of a Weight Watchers program** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a 29 year old male claimant who suffered an injury on December 22, 2011 which resulted in chronic back pain. He underwent a laminectomy and discectomy on October 17, 2012. He has also received epidural steroid injections. A physical examination on July 16, 2013 noted that the claimant had diminished strength in his lower extremities, pain of 8/10 and had difficulty accomplishing daily activities. Due to an elevated body-mass index (BMI) of 40 and a weight of 280 pounds from lack of activity due to the pain, a six month Weight Watchers trial program was requested. A psychiatric evaluation was also recommended .

Documents Reviewed for Determination:

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

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a six month trial of a Weight Watchers program:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 1, page 11 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5, page 83, which are a part of MTUS.

The Expert Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Prevention, Chapter 1, page 11, and Neck and Upper Back Complaints, Chapter 5, page 83, which are a part of the MTUS.

Rationale for the Decision:

According to the ACOEM guidelines, weight loss is a personal lifestyle issue and not a workers' compensation issue. In addition, to achieve functional recovery, the employee must take responsibilities. Furthermore, remaining active, adhering to an exercise program and treating moods are necessary. The records provided for review do not support that the employee has attempted a self-monitored weight loss program, calorie counts, exercise or documentation of prior BMI that would support a weight loss program. **The request for a six month trial of a Weight Watcher's program is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dso

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.