MAXIMUS Federal Services

Case Number:	CM14-0140341		
Date Assigned:	09/10/2014	Date of Injury:	01/07/2005
Decision Date:	10/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This 48 year-old patient sustained an injury on 1/7/05 while employed by [redacted] Request(s) under consideration include weight loss program. The patient is s/p lumbar fusion at L4-S1 in 2008 with hardware removal in 2010. Conservative care has included medications, physical therapy, lumbar epidural steroid injections on 1/24/13 and 6/13/13. Medications list Flexeril, Gabapentin, Restone, Senokot-S, Tramadol, Enovarx-Ibuprofen, Senna, Docusate, Citrucel, Probiotics, Amitiza, Hydrocortisone, and Carafate. AME (Agreed Medical Examination) re-evaluation of 5/23/13 noted no indications for any further surgery required for the cervical spine, shoulders, elbow, wrist, and hands. Future medical included short courses of PT and anti-inflammatories for flare-up. Report of 7/24/14 from the provider noted the patient with ongoing chronic neck, low back, and upper extremity pain; low back pain radiated down bilateral lower extremities rated at 3/10 with medications and 9/10 without. Exam showed multiple tenderness; spasm at C5-7; myofascial trigger points in left trapezius; limited range with decreased range at C5-6 dermatomes; lumbar spine with spasm at L4-S1; tenderness in upper extremities; decreased shoulder range; decreased strength in left upper extremity. Diagnoses included cervical radiculitis s/p cervical fusion; chronic constipation; gastritis; insomnia; urinary incontinence; and history of hemorrhoids. The request(s) for weight loss program was non-certified on 8/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS CMS 40.5 - Treatment of Obesity

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Obesity, page 320 Other Medical Treatment Guideline or Medical Evidence: Washington State, Department of Labor and Industries, Medical Aid Rules & Fee Schedules Guidelines, Professional Services 7/1/09

Decision rationale: Although MTUS/ACOEM are silent on weight loss program, the ODG does state high BMI (Body Mass Index) in obese patient with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The less symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. In addition, while weight reduction may be desirable in this patient, it should be pursued on a non-industrial basis. A search on the National Guideline Clearinghouse for "Weight Loss Program" produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this January 2005 injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. There is no report of the patient's height, previous and current weight, or BMI. The provider has not identified what program or any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here as the patient has remained unchanged. Therefore, the request of Weight loss program is not medically necessary and appropriate.