

<b>Case Number:</b>	CM13-0008316		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 Pulmonary Diseases 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 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.

### 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 patient is a 43 year old male who reported an injury on 3/17/2011 caused when he was unloading pallets of gait grades with a coworker when his back went out and he fell to his knees. The patient has been diagnosed as having diabetes, high blood pressure and high cholesterol and has been taking medication to control those disorders. In January 2013, the patient's treatment was shifted to the behavioral weight management program which was unsuccessful and the patient did not lose weight. His weight still remains in the 300 pound range and he continues to have pain in his lower back even after undergoing two spinal fusion surgeries at L3-L4 and L4-L5 to help relieve the discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A six month weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to CA MTUS there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The ODG state while a home

exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. It was noted that the employee had already been referred to a weight loss program and should therefore have an understanding of what exercise techniques and food preparations are essential to reducing weight and thus becoming a healthier individual. As such, because weight loss programs are considered more elaborate personal care that is not recommended by the guidelines. The request for a weight loss program for 6 months is not considered medically necessary.