

<b>Case Number:</b>	CM13-0009044		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/17/2006
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

The patient is presented with a date of injury of 8/17/2006. The patient has lumbar pain and has had more than 80 pounds of weight gain since injury. She and her provider are requesting authorization for a weight loss program. She is status post a disc replacement of 7/26/09 at L4-5, but has continued low back pain, with probable facet arthropathy. The weight loss is requested as part of a plan to avoid or delay further surgical intervention on her low back. Specifically, the patient was told that if she lost 40 pounds (this was of 60 pounds gained), then she would not need surgery for the next 5-10 years. The patient also has a right ankle osteochondral defect. The patient is currently managed with medication, trigger point injections periodically and home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 WEEK ██████████ WEIGHT LOSS PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD-Obesity.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 11.

**Decision rationale:** According to the California MTUS Guidelines for those injured. There is support for weight modification to prevent injury but not outlined as a treatment strategy. There are no evidence presented regarding the effectiveness of this particular weight loss program, described as medically supervised. In this case, there is no information regarding the patient's trials pertaining to weight loss and whether she has attempted it on her own. There is also no evidence that this program is superior to eating smaller portions, exercising, etc. Therefore, the request for 10 week [REDACTED] weight loss program is not medically necessary and appropriate.