

Case Number:	CM13-0015979		
Date Assigned:	10/11/2013	Date of Injury:	09/09/2011
Decision Date:	01/22/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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. 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 is a 62-year-old, female patient with a 9/9/2011 injury involving her lower back. The request before me is for the Medi-Fast weight-loss program. The earliest legible progress note is dated 10/30/12 from [REDACTED]. He states that he performed a left L4 and L5 TFESI on 8/30/12 and the patient has 80% relief for 6 weeks, but pain was at 8/10. The most recent report is from [REDACTED], dated 10/10/13 and states the patient injured herself on 9/12/2013. She has low back pain rated at 9/10. Height and weight were not recorded on these reports. The 9/13/13 report states the patient was involved in an MVA on 9/12/13 and rates her back pain at 10/10 and this report documents height as 66" and 250 lbs weight. The 9/10/13 report from [REDACTED] states the patient is 5'6" (i.e. 66") and 264 lbs. He states she needs to lose 100 pounds to make the treatment of the lumbar spine effective. He states the obesity is non-industrial, but it needs to be treated adequately to allow effective and safe treatment of the lumbar spine, which is industrial. He states after she loses 100 pounds, he will request lumbar medial branch blocks followed by RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

. **Medi-Fast Weight Loss Program:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: The rationale provided for the weight loss program was that the obesity was interfering with the treatment for the industrial low back pain. The physician stated that he would attempt lumbar medial branch blocks after the patient loses 100 pounds. The physician reported on 9/10/13, the patient was 5'6" and 267 lbs. The patient was involved in an MVA on 9/12/13 and her weight on 9/13/13 was 250 lbs. Her weight appears to be in the mid-200's, but this is not a contraindication for lumbar medial branch blocks. The patient would not be a candidate for the MBB due to radicular symptoms. Despite her weight, she was able to have epidural steroid injections. The patient's obesity does not appear to interfere with the medical treatment the physician has planned for the low back. It is beyond the scope of the IMR to determine whether the preexisting obesity should be covered on an industrial basis. There is no dispute that the patient is considered obese. MTUS, ACOEM and ODG did not appear to mention weight loss programs. Aetna Clinical Policy Bulletin states weight loss programs are necessary up to 26 individual or group visits per 12 month period in adults who are obese. The patient is obese, but there is no discussion of the frequency or duration of the weight loss program to compare to the guidelines and the physician did not list any goals to measure efficacy of the program. There is not enough information provided to verify that the requested weight loss program is in accordance with the guidelines.