

<b>Case Number:</b>	CM13-0023623		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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, has a subspecialty in Cardiology and is licensed to practice in Texas. 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:

The patient is a 35-year-old female who sustained a work-related injury on 04/11/2008. The patient's diagnoses include coccydynia, lumbar spine MLI, sleep deprivation, depression, anxiety, and stress, gastritis, and sexual dysfunction. The QME re evaluation dated 07/01/2013 documented that the patient had lost approximately 18 pounds since last being seen by [REDACTED], and that approximately 10 pounds of the weight loss occurred prior to starting a Weight Watchers program. The most recent progress report dated 09/25/2013 documented objective findings of the patient weight being at 159 pounds, which was a significant decrease from 170 pounds in 02/2013. The patient's treatment plan included continuation of home therapy, pain management follow-up, and a neurological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 weeks of Lindora weight loss program between 9/4/2013 and 10/19/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Comparison of Strategies for Sustaining Weight Loss", in the Journal of the American Medical Association, JAMA, March 12, 2008--Vol. 299, No. 10, pages 1139-1148.

**Decision rationale:** The California MTUS Guidelines do not address weight loss programs. The clinical provided for review indicates that the patient has had a 30-pound weight reduction from 2011 to 09/2013. As such, there is lack of documentation that the patient has exhausted and failed lower levels of weight reduction treatment to include independent weight loss, diet, exercise, and behavior modification. The documentation submitted for review does not support the requested service. As such, the request for 12 weeks of Lindora weight loss program between 9/4/2013 and 10/19/2013 is non-certified.