

<b>Case Number:</b>	CM13-0029476		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Family Practice 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 43-year-old female who reported an injury on 08/19/2012. The patient is currently diagnosed with thoracic or lumbosacral neuritis or radiculitis, brachial neuritis or radiculitis, pain in a joint of the shoulder, and cervical radiculopathy. The patient was seen by [REDACTED] on 08/05/2013. The patient demonstrated spasm, tenderness, and guarding in the paravertebral musculature of the lumbar and cervical spine with decreased range of motion. The patient also demonstrated decreased sensation at C6 and L5 dermatomes bilaterally with medial joint line tenderness and patellar crepitus in bilateral knees, as well as positive McMurray's testing of the left knee. The treatment recommendations included an internal medicine consultation and a request for authorization for the [REDACTED] weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight watchers weight loss program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management ,Functional Restoration Program Page(.

**Decision rationale:** The California MTUS Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self management is the long term goal of all forms of functional restoration. Multiple treatment modalities, including pharmacologic, interventional, psychosocial, and behavioral, cognitive, and physical and occupational therapies are most effectively used when undertaken within a coordinated, goal-oriented functional restoration approach. As per the clinical notes submitted, [REDACTED] states that the patient has attempted to lose weight with diet modification and exercise. However, there is no evidence of a failure to respond to self-directed approach to weight loss. An additional request for authorization for an internal medicine consultation was recommended at that time. It is also noted that the patient is pending knee surgery. The medical necessity for the requested service has not been established. There is no documentation of the patient's current BMI or any obesity related risk factors or comorbidities. Based on the clinical information received, the request is non-certified.