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| <b>Case Number:</b>   | CM13-0031640 |                              |            |
| <b>Date Assigned:</b> | 12/04/2013   | <b>Date of Injury:</b>       | 03/26/2009 |
| <b>Decision Date:</b> | 02/03/2014   | <b>UR Denial Date:</b>       | 09/17/2013 |
| <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 Physical Medicine and Rehabilitation and Pain Management, 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 50 year-old female who was injured on 3/26/09 in a work-related rear-end Motor Vehicle Accident. Her current diagnoses include: status post C4 through C7 hybrid cervical reconstruction, 11/7/11; lumbar discopathy/segmental instability; status/post right knee surgery x2; bilateral knee internal derangement; status/post left carpal tunnel/trigger thumb release, 8/24/12; status post right carpal tunnel release, 11/2/12. The Independent Medical Reviewer application shows a dispute with the 9/17/13 Utilization Review decision. The 9/17/13 UR letter is from [REDACTED], and is for non-certification of: a Weight-watcher weight loss program for 10 weeks, and for a gym membership for 6-months. The UR letter was based on the 8/2/13 report and 9/11/13 RFA from [REDACTED]. According to the 8/2/13 report from [REDACTED] facility, the patient has neck and stiffness, and low back pain that radiates down the lower extremities. He states the seated nerve root test is positive, and there is dysesthesia in the L5 and S1 dermatomes. There is no mention of whether the exam findings were in the left or right or both lower extremities. The treatment plan is for weight-watchers and gym membership for independent exercise program and "to lose significant amount of weight to take pressure off the back prior to recommend any surgery for her back." [REDACTED] cites the California Chronic Pain Medical Treatment Guidelines for a functional restoration program. The patient's height and target weight or current weight, or BMI (Body Mass Index) were not discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Weight Watcher weight loss program for 10 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline, as well as Medical Evidence: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039.

**Decision rationale:** The 4/21/09 initial evaluation by [REDACTED] reports the patient as being 5'8" and 260 lbs. This was 5-years ago and the patient has had multiple surgeries since then. The current request for weight loss comes on the 8/2/13 medical report, but the report does not provide the current weight, nor target weight. The patient's weight or target weight were not discussed on the 9/18/13 appeal, nor the medical reports dated 5/24/13, 5/16/13, 3/19/13 or 1/29/13. California Chronic Pain Medical Treatment Guidelines, ACOEM, and ODG (Official Disability Guidelines), do not discuss Weight-watchers for weight loss for lumbar surgical planning. Aetna guidelines state the BMI should be over 30, for considering a physician supervised weight loss program, but a current BMI cannot be calculated as the requesting physician has not provided any measurements. Aetna also states Weight-watchers is considered experimental and investigational and is excluded from Aetna's recommendations. The request for a Weight-watchers program is not in accordance with Aetna's guidelines.

**request for a 6 month Gym membership: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter, for Gym memberships.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines discusses the chronic pain programs or functional restoration programs, but these are not the same a gym membership. ODG guidelines were consulted specifically for gym memberships. ODG guidelines recommend a gym membership if (1) there is documentation that a home exercise program with periodic assessment and revision has not been effective. AND (2) there is need for equipment, AND (3) the treatment is monitored and administered by medical professionals. ODG also states "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment," Unfortunately, none of the criteria above has been discussed on the medical reports from [REDACTED] including the 9/18/13, 8/2/13, 5/24/13, 5/16/13, 3/19/13 and 1/29/13 reports and was not mentioned on the initial 4/21/09 evaluation. The request for gym membership is not in accordance with ODG guidelines

