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| <b>Case Number:</b>   | CM13-0041685 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 04/16/1998 |
| <b>Decision Date:</b> | 02/28/2014   | <b>UR Denial Date:</b>       | 09/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### 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 and Cardiology, has a subspecialty Certificate in Fellowship trained in Cardiovascular Disease, 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 60-year-old male who reported an injury on 04/16/1998. The patient is diagnosed with low back pain and GERD. The patient was seen by [REDACTED] on 09/19/2013. The patient reported persistent lower back pain. Physical examination was not provided. X-rays of the lumbar spine obtained in the office on that date indicated bone consolidation. Treatment recommendations included a weight loss and exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Decision for 1 weight loss program between 9/19/2013 and 4/15/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and National Guidelines Clearinghouse

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** 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. The principles of functional restoration apply to all conditions in general, and are not limited to injuries or pain. As per the clinical documentation submitted, there is no indication that this patient has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. There is no evidence to indicate that the patient has been previously counseled on appropriate lifestyle and behavioral modifications. The medical necessity for the requested service has not been established. As such, the request is non-certified.