

<b>Case Number:</b>	CM13-0057559		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/03/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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:

The patient is a 50 year-old injured worker who was injured on 12/3/2011. According to the 10/8/13 medical report from [REDACTED], the patient presents with 6/10 low back pain. He reports Flexeril does not help, he has not quit smoking yet, and Weight Watchers was denied. The patient is 5'8", 252 lbs. Diagnosis includes probable discogenic low back pain, severe spinal stenosis; obesity; and smoking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Weight Loss Program:** 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 Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** Aetna guidelines provides criteria for use of weight reduction medications, and medically supervised weight loss programs, but Aetna specifically states that [REDACTED] is "considered experimental and investigational for weight reduction" The patient

presents with low back pain. The patient is 5'8", and weighs 252 pounds. The 9/12/13 report states weight loss program was requested as treatment for the low back pain. The request for [REDACTED] weight loss program is not medically necessary and appropriate.