

<b>Case Number:</b>	CM13-0062861		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Maryland. 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 expert 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 male with a date of birth 7/16/63. There is a work related injury to the lumbar spine dated 7/11/11. His diagnoses include: 1. Hypertension. 2. Left ventricular hypertrophy with left atrial enlargement. 3. Gastroesophageal reflux disease 4. Small umbilical hernia 5. Pedal edema.6. Morbid obesity 7. Sleep apnea. There is a 6/4/13 document by the primary treating physician stating that patient has a height of 6'2 and a weight of 350lbs. The patient's blood pressure is stable. He is to continue his CPAP machine for sleep apnea. The patient is waiting on authorization for [REDACTED]. The documentation submitted reveals that the patient is considering bariatric surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **X 1 YEAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Weight Reduction Medications and Programs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Education Page(s): 44-45. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Weight Reduction Medications and Programs Number 0039

**Decision rationale:** The MTUS Chronic Pain Guidelines do not specifically address weight loss programs but does state that no treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention. In this case the documentation does not indicate documentation of patient education regarding weight loss. Furthermore the Aetna clinical policy bulletin on weight reduction medications and programs addresses the requested treatment. The Aetna clinical policy bulletin regarding weight reduction medications and programs states they can be considered medically necessary when an individual has a BMI greater than or equal to 30 and who have failed to lose at least 1 lb a week for at least 6 months on a weight loss regimen of conventional dieting, exercise, and behavioral therapy. The documentation provided for review does not reveal the patient's prior attempts at conventional dieting, exercise and behavioral therapy. The request is therefore not medically necessary and appropriate.