

<b>Case Number:</b>	CM13-0071756		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 37 year old male who reported an injury on 07/09/2009. The mechanism of injury was not reported. Per the 01/08/2014 clinical note, the injured worker reported low back pain radiating to the lower extremities rated at 7-8/10. Physical exam showed limited lumbar range of motion, tenderness to palpation of the paraspinal muscles, and reduced sensation in the dorsal aspects of the feet. Medications included Norco, Ibuprofen, and Flexeril. The injured worker had a history of morbid obesity and was scheduled for a bariatric surgery consultation. The injured worker was recommended for a weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) WEIGHT LOSS PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (2006), National Institute for Health and Clinical Excellence, accessed 2009, 2010, 2011, 2012, 2013, Comparison of medically supervised and unsupervised approaches to weight loss and control (Blackburn GL, 1993), Annals of Internal Medicine. Accessed 2009 and Mulholland Y, Nicokavoura E, Broom J, Rolland C. Very-low-energy diets and morbidity: A systematic review of longer-term evidence. Br J Nutr. 2012; 108(5):832-851.

**Decision rationale:** The request for one weight loss program is non-certified. The medical records provided do not show physical exam findings to support a diagnosis of obesity. There is also no evidence the injured worker has tried and failed a self-motivated dietary or physical activity program. In addition, the submitted request does not specify the duration or frequency of the program. As such, the request is not medically necessary or appropriate.