

<b>Case Number:</b>	CM14-0001518		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/04/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 patient of the date of injury of July 16, 2010. A utilization review determination dated December 21, 2013 recommends noncertification of weight loss program and certification of a urine drug screen. A progress report dated November 16, 2012 identifies that the patient complains of epigastric pain and weight gain due to an inability to exercise. Physical examination identifies an obese abdomen. Diagnoses include gastroesophageal reflux disease, H pylori, bile gastritis, and obesity. The treatment plan recommends a low-fat, low acid diet. A progress report dated December 4, 2013 include subjective complaints of pain in both shoulders and the left knee. Objective examination findings indicate that the patient weighs 237 pounds. A review of records indicates a November 16, 2013 progress report recommending "referral to a formal weight loss program." The treatment plan recommends a weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program between 12/4/2013 and 2/18/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. 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 [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html)  
Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

**Decision rationale:** Regarding the request for a weight loss program, ACOEM, California MTUS, and ODG do not contain criteria for the use of a weight loss program. Aetna guidelines state that weight reduction medication or physician supervised weight reduction programs are medically necessary for members "who have a documented history of failure to maintain their weight at 20% or less above ideal or at or below a BMI of 27 when the following criteria are met:" The criteria include BMI greater than 30, or BMI greater than or equal to 27 and less than 30 with comorbid conditions. Within the documentation available for review, there is no documentation indicating that the patient has tried and failed previous efforts at diet and weight control. Finally, no recent BMI has been included. In the absence of clarity regarding those issues, the currently requested weight loss program is not medically necessary.