

<b>Case Number:</b>	CM14-0004774		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/22/1999
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Occupational Medicine 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 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 an employee of [REDACTED] and has submitted a claim for lumbar disc displacement associated with an industrial injury date of March 22, 1999. Treatment to date has included oral and topical analgesics, AEDs, physical therapy, and pain psychology. Medical records from 2013 were reviewed and showed chronic low back pain with radiculopathy. The patient has a BMI of 40. The most recent progress report did not provide a detailed physical examination of the back. Review of systems of a progress report dated December 17, 2013 showed no significant weight gain or loss; yet the treatment plan requests for a weight loss program due to the patient gaining a significant amount of weight due to limited physical function associated with her pain condition. Utilization review dated December 26, 2013 denied the request for weight loss program because there was no documentation of functional goals or participation in home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEIGHT LOSS PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Aetna Clinical Policy Bulletin No. 0039 Weight Reduction Medications And Programs.

**Decision rationale:** The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient is morbidly obese with a BMI of 40; however, there was no documentation of a trial and failure of a weight loss regimen such as lifestyle modification. Moreover, there was no mention of participation in a home exercise program; and no objective evidence to support inability to participate in such. Furthermore, the treatment plan of a progress report dated December 17, 2013 stated that the patient gained a significant amount of weight due to limited physical function associated with her pain condition; which is conflicting with the review of systems stating that the patient did not gain weight. The medical necessity has not been established. Therefore, the request for Weight Loss Program is not medically necessary.