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| <b>Case Number:</b>   | CM14-0008505 |                              |            |
| <b>Date Assigned:</b> | 02/10/2014   | <b>Date of Injury:</b>       | 01/07/2009 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 12/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2014 |

### 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 a 58-year-old male who has submitted a claim for postlaminectomy syndrome of the lumbar region, lumbar disc degeneration, chronic pain syndrome and myalgia/myositis associated with an industrial injury date of January 7, 2009. Medical records from 2012-2014 were reviewed, the latest of which, dated February 6, 2014, revealed that the patient still has shooting pains in his lower extremities. He continues to get "clicking" in his low back when walking. Pain levels with spinal stimulator on is 6/10. On physical examination, there was limitation in active range of motion with hip flexion to approximately 80 degrees, right knee extension to approximately -10 degrees, and left knee extension to approximately -5 degrees. Muscle strength was decreased in right hip flexion 3/5, left hip flexion 3/5, hip abduction 4-/5 with groin pain, bilateral knee flexion 3/5, knee extension 3/5, left dorsiflexion 4/5, right dorsiflexion 3+/5 and abdominals 3-/5. There was tenderness along left L3-5, sacroiliac joint and iliac crest region. There was increased muscle tone in the paraspinals. Straight leg raising test was positive at 25 degrees with pain the low back. Posture was forward flexed. Gait was antalgic and walks with the aid of a quad cane. In the clinical evaluation done last January 21, 2014, patient's weight is 230lbs and height is 5'8". Treatment to date has included T9-10 laminotomy with placement of paddle lead from T7-9 (December 16, 2011), physical therapy, aquatherapy, and medications which include topiramate, hydrocodone, gabapentin, meloxicam, orphenadrine ER, zolpidem tartarate and Lidoderm patch. Utilization review from December 30, 2013 denied the request for a weight loss program for twelve sessions because the records did not reveal a trial of exercise oriented activities to address weight loss and had failed to substantiate the necessity of a formal 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 12 SESSIONS:** 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 Other Medical Treatment Guideline or Medical Evidence: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

**Decision rationale:** CA MTUS and ODG do not specifically address the topic on weight loss program. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers clinician supervision of weight reduction programs medically necessary treatment of obesity when criteria are met. Weight loss program is recommended to those who have failed to lose at least one pound per week after at least six months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy. The following selection criteria include: BMI (body mass index) greater than or equal to 30 kg/m<sup>2</sup>; or has a BMI greater than or equal to 27 kg/m<sup>2</sup> with any of the following obesity-related risk factors: coronary heart disease, dyslipidemia, hypertension, obstructive sleep apnea and type 2 diabetes mellitus. Additionally, there is no scientific proof that weight loss is medically necessary to treat complaints of back pain nor post-operative ankle injuries. In this case, the patient had gained weight following the injury; it had contributed to back pain. Weight loss program was requested to take some pressure off the back. The patient is obese with a BMI of 35, and is hypertensive maintained on amlodipine, hydrochlorothiazide and nadolol. However, there was no documentation of trial and failure of independent weight loss regimen. The request for a weight loss program, twelve sessions, is not medically necessary or appropriate.