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| <b>Case Number:</b>   | CM14-0016985 |                              |            |
| <b>Date Assigned:</b> | 03/07/2014   | <b>Date of Injury:</b>       | 01/31/2008 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 02/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2014 |

### 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 Orthopedic Surgery, has a subspecialty in Fellowship Trained Spine Surgery 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 injured worker is a 55 year old female whose date of injury is 01/31/2008. There is no specific mechanism of injury described, but the injured worker is noted to have undergone multiple lumbar spine surgeries including L3-5 fusion in 2004, and revision surgery in 2010 with extension of fusion to L2-3. She continues to complain of significant back and leg pain, and was recommended to undergo revision anterior fusion via transperitoneal approach, but must lose 20 pounds prior to proceeding with surgical intervention. Per progress note dated 01/08/2014 the injured worker's current weight is 204 pounds. A supervised weight loss program was recommended, but this was non-certified by utilization review determination dated 02/04/14 noting that there is no indication that the injured worker has tried and failed other alternatives before engaging in a comprehensive program of weight loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEIGHT LOSS PROGRAM TO PREP FOR LUMBAR SURGERY:** 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: National Institute of Health, NIH Publication No. 00-4084, The Practical Guide Identification, Evaluation, and Treatment of Overweight and Obesity in Adults

**Decision rationale:** MTUS, ACOEM, and ODG do not address weight loss program. The injured worker has a history of multiple back surgeries resulting in lumbar fusion L2-L5. She continues to complain of low back pain and leg pain. The injured worker was recommended for revision lumbar fusion surgery, but must first lose 20 pounds. She reportedly is working on self-weight loss; however, there is no documentation that the injured worker has tried and failed other alternative weight loss methods (e.g., diet modification, exercise, behavior modification, drug therapy) prior to pursuing a supervised weight loss program. Given the current clinical data, noting that the injured worker has not failed other conservative methods of self-weight loss, the request for weight loss program to prep for lumbar surgery is not recommended as medically necessary.