

<b>Case Number:</b>	CM14-0130152		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 35 year old with an injury date on 10/11/12. Patient complains of severe lumbar pain radiating to right leg per 6/9/14 report. Patient also has right leg weakness including buttocks, hip flexor, knees, ankles, and feet with numbness throughout the right foot per 6/9/14 report. Based on the 6/9/14 progress report provided by [REDACTED] the diagnoses are: 1. S/p right L4-L5 laminotomy and discectomy 2. Post discectomy syndrome 3. Degenerative disc with central disc protrusion and annular tear L5-S1 Exam on 6/9/14 showed "severely restricted range of motion of L-spine with pain. Gait is slow/guarded." [REDACTED] is requesting weight loss program consultation qty: 1. The utilization review determination being challenged is dated 7/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/6/14 to 6/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program Consultation, Quantity 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction

Medications and Programs, Number: 0039 Aetna considers the following medically necessary treatment of obesity when criteria are met: Weight reduction medications, and Clinician supervision of weight reduction programs. Weight Reduction Medications: Weight reduction medications are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria below: Member has a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>; or Member has a BMI greater than or equal to 27 kg/m<sup>2</sup> with any of the following obesity-related risk factors considered serious enough to warrant pharmacotherapy: Coronary heart disease Dyslipidemia: HDL cholesterol less than 35 mg/dL, or LDL cholesterol greater than or equal to 160 mg/dL, or Triglycerides greater than or equal to 400 mg/dL Hypertension (systolic blood pressure [SBP] higher than 140 mm Hg or diastolic blood pressure [DBP] higher than 90 mm Hg on more than one occasion) Obstructive sleep apnea Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met. The following medications have been approved by the FDA for weight reduction: Benzphetamine [Didrex], Diethylpropion [Tenuate], Lorcaserin [Belviq], Orlistat [Xenical, Alli], Phendimetrazine [Bontril] Phentermine [Adipex-P], and Phentermine and topiramate [Qsymia]. For Aetna's clinical policy on surgical management of obesity, see CPB 0157 - Obesity Surgery. Clinician Supervision of Weight Reduction Programs: Up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m<sup>2</sup>). The number of medically necessary visits for obese children are left to the discretion of the member's physician. For a simple and rapid calculation of BMI, please click below and it will take you to the Obesity Education Initiative: BMI = weight (kg), [height (m)]<sup>2</sup> The following services are considered medically necessary for the evaluation of overweight or obese individuals: Complete blood count Comprehensive history and physical examination Dexamethasone suppression test and 24-hour urinary free cortisol measures if symptoms suggest Cushing's syndrome. Electrocardiogram (EKG) – adult Glucose tolerance test (GTT) Hand x-ray for bone age – child Lipid profile (total cholesterol, HDL-C, LDL-C, triglycerides) Metabolic and chemistry profile (serum chemistries, liver tests, uric acid) (SMA 20) Thyroid function tests (T3, T4, TSH) Urinalysis Very Low Calorie Diets (VLCD): For obese members who have been prescribed a ver.

**Decision rationale:** This patient presents with back pain radiating to right leg and right foot numbness and is s/p right L4-L5 laminotomy/discectomy from 12/16/13. The treater has asked for weight loss program consultation qty: 1 on 6/9/14. Patient has gained 15-20 pounds since surgery and believes weight gain is slowing recovery in physical therapy per 6/9/14 report. Patient is 5 feet 10 inches in height and weighs 235 pounds per 6/9/14 report. The MTUS, ACOEM and ODG guidelines do not discuss Weight Loss Programs specifically. However, Aetna Weight Reduction Medications and Programs (Number: 0039) states, " Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are

not met." In this case, the patient's calculated BMI is 33.7 which is within the criteria for a weight loss reduction program per Aetna. However, the treater does not discuss if other measures of weight loss have been tried and failed. Aetna states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. Therefore, this request is not medically necessary.