

<b>Case Number:</b>	CM14-0150582		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/31/2008
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 45-year-old male who reported injuries due to a motor vehicle accident on 08/31/2008. On 01/31/2014, his diagnoses included chronic moderate post-traumatic stress disorder; single episode, major depressive disorder with psychosis, severe with mixed symptoms of anxiety secondary to his industrial injury; pain disorder with both psychological factors and a general medical condition; and primary insomnia type 2. His treatment plan included individual psychotherapy, biofeedback, group therapy, and a 12 week weight management program. Psychological case notes on 08/25/2014 reveal that the injured worker's participation in the weight management group allowed him to use the skills that he learned from managing his weight loss appropriately and that he needed continued supervision to gain the full effect of the techniques. He reported a weight loss of about 1 to 2 pounds per week which is what was recommended. He was having some problems gauging portion sizes. It further stated that he enjoyed the group and participated more now than in the beginning because the group was in Spanish and it was very helpful to him. There was no Request for Authorization included in the injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 weeks of a weight management program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and surgical management of

obesity in primary care: a clinical practice guideline from the American College of Physicians.  
Ann Intern Med 2005 Apr 5;142(7):525-31

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Lifestyle (diet & exercise) modifications.

**Decision rationale:** The request for 12 weeks of a weight management program is not medically necessary. The Official Disability Guidelines recommend lifestyle, including dietary and exercise modifications, as first line interventions and essential for all injured workers. A low carbohydrate diet is better than a conventional low calorie diet. Comparing 3 different diets, a low fat, a low glycemic index diet, and a low carbohydrate diet, found that participants used up the most energy with the low carbohydrate diet but there were metabolic disadvantages to this approach and the low glycemic index diet was recommended. The low fat diet resulted in the worst outcomes. The low glycemic index diet is best for weight loss and cardiovascular disease prevention. The injured worker was already participating in a weight loss program through his psychotherapist and was having successful weight loss of 1 to 2 pounds per week. The need for an additional weight management program was not clearly demonstrated in the submitted documentation. Therefore, the request for 12 weeks of a weight management program was not medically necessary.