

<b>Case Number:</b>	CM14-0159982		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/03/2003
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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 65-year-old male who reported an injury of unspecified mechanism on 09/02/2003. On 10/08/2014, his diagnoses included shoulder joint pain, lower leg pain, lumbago, bulging lumbar disc, lumbar spinal stenosis, cervicgia, and obesity. He weighed 275 pounds and had a body mass index (BMI) of 39.5. On 09/10/2014 and 10/08/2014, it was noted that he had lost 6 pounds on each visit and was working towards a 30 pound weight loss goal. The progress note on 09/02/2014 stated that he needed to lose weight and will likely require either a monitored supervised weight loss program, bariatric surgery, or both. The rationale for needing to lose weight was that in addition to managing his chronic narcotic pain medication usage, he needed to lose weight prior to proceeding with elective total knee arthroscopy. A Request for Authorization was not included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supervised weight loss program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter

**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 Supervised weight loss program is not medically necessary. Per the Official Disability Guidelines, lifestyle modifications, including diet and exercise, are recommended as first line interventions. They are essential for all patients who need to reduce weight. Reduction of obesity and an active lifestyle can have major benefits. Twice a week supervised aerobic and resistance training plus structured exercise counseling was effective in improving cardiovascular risk profile, but counseling alone was of limited efficacy. Comparing 3 different diets, a low fat diet, 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 need for a supervised weight loss program was not clearly demonstrated in the submitted documentation. Therefore, this request for supervised weight loss program is not medically necessary.

**Referral for Bariatric surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The request for Referral for Bariatric surgery is not medically necessary. Per the California ACOEM Guidelines, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. It was noted in the submitted documentation that this worker had lost a total of 12 pounds over a 2 month period. He was working toward a goal of 30 pound weight loss before he had elective arthroscopic surgery. He was successful in his weight loss program and, after recovery from his arthroscopic surgery, in all likelihood, he would be able to increase his exercise level. Therefore, the request for Referral for Bariatric surgery is not medically necessary.