

<b>Case Number:</b>	CM14-0170472		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	05/24/2008
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 & Rehabilitation and is licensed to practice in Utah. 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 47 year-old female with a date of injury on 5/24/2009. The mechanism of injury is described as an assault. The patient has been diagnosed with Asthma, obesity, and neck pain. Treatments to date include labs, braces, and medications. The physical exam findings dated March 10, 2014, states she is a tearful, and overweight, female in no acute distress. The extremities exam states no clubbing, cyanosis or edema. The patient's medications have included, but are not limited to, Norco, Naproxen, non-steroidal anti-inflammatory drugs (NSAIDs), Albuterol, Valium, Hydrochlorothiazide and Amlodipine. The request is for a 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html) and Non-MTUS Work Loss Data Institute, Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC), 5th Edition, 2007, Diabetes.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Disability Advisor, Chapter Obesity.

**Decision rationale:** MTUS treatment guidelines do not specifically talk about weight loss program; therefore, Medical Disability Guidelines were used. While calorie restriction is recommended, and encouraged, there is no specific guideline for weight loss programs. Therefore, a specific program is not recommended. There is no rationale as to why this is needed to be provided, as it is not medical care. Based on the clinical documentation provided and current guidelines, a weight loss program is not medically necessary.