

<b>Case Number:</b>	CM14-0178581		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	01/11/2006
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Occupational 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:

This is a 51-year-old male with a 1/11/06 date of injury. According to a handwritten and largely progress report dated 10/8/14, the patient had completed physical therapy with some relief. He reported low back pain radiating down lower extremities. He has tried [REDACTED] and other dietary methods to no avail. The patient's weight is noted to be 197 pounds and height of 5 feet 8 inches. Objective findings: limited range of motion of lumbar spine. Diagnostic impression: status post L4-5 fusion. Treatment to date: medication management, activity modification, physical therapy, surgeries. A UR decision dated 9/19/14 denied the request for weight loss program. A weight loss program is not indicated, as the provider has not documented his actual weight, height, or BMI. Furthermore, there was no documentation of self-imposed dieting effort or exercise routine to lose weight.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

**Decision rationale:** CA MTUS and ODG do not address this issue. Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m<sup>2</sup>; or a BMI greater than or equal to 27 and less than 30 kg/m<sup>2</sup> and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. In the present case, the patient's weight is noted to be 197 pounds and height of 5 feet 8 inches, with a calculated BMI of 30.0. It is noted that the patient has tried [REDACTED] and other dietary methods to no avail. However, there is no documentation of the details of his weight loss attempts, including specific dietary changes and the initiation of an exercise program. In addition, it is noted that a previous weight loss program, [REDACTED], was unsuccessful for him. There is no documentation as to why another weight loss program would be beneficial. There is no documentation of what this patient plans to do differently to improve the outcome of another weight loss program. Therefore, the request for Weight loss program for the lumbar spine was not medically necessary.