

<b>Case Number:</b>	CM14-0186170		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Preventive 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 59 year old male with a reported industrial injury on May 26, 2013, the mechanism of the injury was not provided in the available medical records. The injured worker reports on September 11, 2014 of constant slight to intermittent moderate and occasionally severe pain with pain across the lower back that radiates down the posterior aspect of his lower extremities to the feet with numbness and tingling, worse on the right than the left. Also he notes stiffness and tightness across the lower back and has difficulty with sleep, flexion and extension at the waist with occasional cramping of the calves, right greater than left. Medical treatment includes Norco, Mobic, and Terocin Cream and ambulates with a cane. Diagnostic studies have included Magnetic resonance imaging (MRI) of lumbar spine on February 10, 2014 which showed L3-4 there is asymmetric collapse of the lumbar spine disc on the left with severe foraminal disc bulge and neural foraminal narrowing. At L4-5 the L4 vertebral body is laterally translated to the right and greater than 50% loss of disc height. At L5-S1 there is greater than 50% loss of disc height. The injured worker is 5ft 7 in and his weight is 246 pounds. The diagnosis on September 11, 2014 is Lumbar spine sprain/strain, decreased lumbar spine lordosis, spondylosis L3-S1, decreased disc height L3-4, L4-5 and L5-S1 with lateral shift of L4 to the right, neural foraminal narrowing L3-4, L5-S1, likely partial laminectomy L4-5, L5-S1, possible deft per x-rays, disc bulges, T11-12, (1mm) T12-L1, (1-2mm) and (6mm right foraminal and far lateral extrusion) which severely narrows the distal right neural foramina displacing the exiting right L3 nerve root, L3-4, facet hypertrophy which moderate to severely narrows the left neural foramen, T11-12, L3-4, evidence of prior hemilaminectomy and partial discectomy, 3mm right sided asymmetric disc bulge, right s1 nerve root is situated posteriorly with the right later recess, recurrent disc bulge needs to be ruled out and healed coccyx fracture. The treatment plan supervised weight loss program to assist with weight loss as the patient is a lumbar surgical

candidate, continue with home exercise, Norco, Mobic and Terocin topical salicylate. The injured worker remains temporally totally disabled. On September 11, 2014 the primary treating physician requested supervised weight loss program duration not specified. The Utilization Review modified the request to 1 supervised weight loss program and based determination on American College of Occupational and Environmental Medicine (ACOEM).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Supervised Weight Loss Program related to lumbar spine injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html)

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a documented history of failure to maintain 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; or a BMI greater than or equal to 27 and less than 30 kg/m 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, as criteria to support the medical necessity of a weight reduction program. Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain/strain. In addition, given documentation of a BMI of 38.1 kg/m; that the patient is presently exercising to his maximum tolerance and continues to make attempts at reducing his caloric intake while modifying his diet, but has been unable to achieve any significant weight loss on his own, there is documentation of a history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27 with the following criteria met: BMI greater than 30 kg/m. However, there is no documentation of 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 addition, there is no documentation of the proposed frequency and duration of the requested supervised Weight Loss Program related to lumbar spine injury. Therefore, based on guidelines and a review of the evidence, the request for supervised Weight Loss Program related to lumbar spine injury is not medically necessary.