

<b>Case Number:</b>	CM14-0022671		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physicla Medicine and Rehabilitation, 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 with a reported date of injury on April 11, 2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include myoligamentous sprain with 3 mm disc bulge, L5-S1 with facet arthropathy, bilateral carpal tunnel syndrome, status post releases, most recently left June 28, 2013, lateral epicondylitis to the right elbow improved, and obesity. His previous treatments included surgeries, medications, and rhizotomy. The injured worker complained of constant severe pain at the left lumbosacral spine. The injured worker did not receive physical therapy and is taking Norco, metformin, tizanidine, Prozac, Wellbutrin, Spiriva, and Advair. The physical examination reported the low back still had tenderness across the lower lumbar area and limited painful range of motion. The provider reported on April 4, 2014 the injured worker has had appropriate treatment and that it looked like not much else would benefit him other than a good weight loss program because he was quite large and had gained weight since his injury 3 years ago. The Request for Authorization Form dated February 19, 2014 is for a weight loss program due to obesity.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation article Comparative Effectiveness of Weight-Loss Interventions in Clinical Practice, by Lawrence J. Appel, M.D.(2011), from The New England Journal of Medicine, 365(21), page 1959.

**Decision rationale:** The injured worker has attempted weight loss on his own and was having difficulty. In a study authored by [REDACTED], it was noted, "In two behavioral interventions, one delivered with in-person support and the other delivered remotely, without face-to-face contact between participants and weight-loss coaches, obese patients achieved and sustained clinically significant weight loss over a period of 24 months." The request failed to specify type, frequency, number of sessions, and duration of the weight loss program. The request for a weight loss program is not medically necessary or appropriate.