

<b>Case Number:</b>	CM14-0026767		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Family Medicine and is licensed to practice in Tennessee, Florida, Kentucky, Alabama and South Carolina. 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 49-year-old male who reported injury on 12/18/2012. The mechanism of injury was the injured worker was backing up a company van when he hit another vehicle in the parking lot and sustained injury to his low back. Prior treatments included physical therapy and epidural steroid injections. The documentation of 02/11/2014 revealed the injured worker was having constant pain in the low back. The injured worker's weight was 294 pounds. The examination of the lumbar spine revealed tenderness to palpation in the L5-S1 left sciatic notch, left posterior thigh, left posterior calf, and left plantar surface of the foot. The injured worker had limited lateral flexion and extension and had pain with flexion and extension. The sensory examination revealed decreased sensation to the left medial and plantar foot and the 1st and 2nd toes. The injured worker had paresthesias to the 3rd, 4th, and 5th toes. The diagnoses included obesity, lumbar sprain and strain with grade I spondylolisthesis at L5-S1, and bilateral spondylolisthesis at L5 and L3 - 5 mm disc bulge at L5-S1 with severe and moderate right intervertebral foraminal narrowing, per MRI of 01/30/2013, as well as hypertension. The treatment plan included the injured worker would need to lose weight before proceeding with lumbar spine surgery. The injured worker indicated he had lost 30 pounds in the last year. The treatment plan included a weight reduction program such as [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEIGHT REDUCTION PROGRAM [REDACTED]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications.

**Decision rationale:** The Official Disability Guidelines recommend lifestyle changes including dietary and exercise modifications for a reduction of obesity. The clinical documentation submitted for review indicated the injured worker was 294 pounds. However, there was a lack of documentation indicating the height of the injured worker to support the injured worker's BMI. Additionally, it was indicated the injured worker had previously lost 30 pounds. There was a lack of documentation indicating the injured worker had an inability to lose more weight alone. There was a lack of documentation indicating the injured worker had a trial and failure of dietary and exercise changes as he had lost 30 pounds in the prior year. The request as submitted failed to indicate the duration of the weight reduction program. Given the above, the request for weight reduction program [REDACTED] is not medically necessary.