

<b>Case Number:</b>	CM14-0028794		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Practice and is licensed to practice in Texas and Mississippi. 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 50-year-old female with a reported injury on 06/22/2011. The mechanism of injury was not provided. The injured worker had an examination on 02/13/2014 with continued complaints of back residual pain and left leg pain causing her weakness which caused her to fall. The examination revealed the injured worker had "excess weight" and needed to reduce weight to help back pain, although the weight was not provided. Her diagnosis was status post lumbar discectomy on 04/09/2013. The list of medications was not provided. The recommended treatment was for the injured worker to lose forty pounds in eight weeks. The request for authorization was signed on 02/13/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **WEIGHT REDUCTION PROGRAM: FORTY (40) POUNDS IN EIGHT (8) WEEKS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Treatment of Obesity.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Lora E. Burke, PhD, MPH. Jing Wang, PhD, MPH, RN, Mary Ann Sevick, ScD, RN. Self-Monitoring in Weight Loss: A Systematic Review of the

Literature. Journal of the American Dietetic Association, Volume 111, Issue 1, pgs. 92-102, January 2011.

**Decision rationale:** The request for weight reduction program: forty (40) pounds in eight (8) weeks is non-certified. From the documentation submitted for review, there was no weight provided. There was no evidence of any previous therapy or home exercise program, or psychological evaluation. Therefore, the request is non-certified.