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| <b>Case Number:</b>   | CM14-0029193 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 04/05/2010 |
| <b>Decision Date:</b> | 07/17/2014   | <b>UR Denial Date:</b>       | 02/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/07/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 66-year-old female who reported an injury on 05/06/2010. The mechanism of injury was a fall. The clinical note dated 03/19/2014 reported the injured worker complained of chronic intractable low back pain, bilateral knee pain, and status post bilateral knee arthroplasty. Prior treatments include surgery, medication, x-rays, and rehabilitation. Upon the physical examination, the provider indicated the lumbar spine revealed spasms, painful range of motion, as well as limited range of motion. The provider indicated the injured worker to have a positive Lasegue's bilaterally, a positive straight leg raise bilaterally to 60 degrees, motor weakness bilaterally at 4/5, and decreased sensation bilaterally at L4-5 and L5-S1. The diagnoses included status post bilateral knee total arthroplasty, severe lumbar stenosis, pending cauda equina syndrome, lumbar discogenic disease, chronic low back pain, recent cardiac stent placement. The provider recommended for weight reduction program. However, a rationale was not provided for review. The Request for Authorization was submitted and dated 01/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEIGHT REDUCTION PROGRAM:** 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 Other Medical Treatment Guideline or Medical Evidence:National Heart, Lung, and Blood Institute. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults--Executive Summary.

**Decision rationale:** The request for weight reduction program is not medically necessary. The injured worker complained of chronic low back pain and bilateral knee pain. The injured worker's height and weight was not provided in the clinical documentation, and there is no prior documentation of obesity. There is lack of documentation of prior dietary modifications or participation in formal weight reduction programs. In addition, the request does not include a duration or frequency of the proposed program. As such, the request is not medically necessary.