

<b>Case Number:</b>	CM14-0041424		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 38 year-old with a date of injury of 05/02/11. A progress report associated with the request for services, dated 02/10/14, identified subjective complaints of low back pain. Objective findings included decreased motor and sensory function in the extremities with a positive straight leg-raising. The patient's weight was not recorded. Diagnoses included lumbar disc disease and post laminectomy syndrome. Treatment has included a previous laminectomy. A Utilization Review determination was rendered on 03/19/14 recommending non-certification of "Weight loss program".

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5 -Treatment of Obesity (Rev. 54, Issued: 04/28/06, Effective: 02/21/06, Implementation: 05-30-06 Carrier/10-02-06 FI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Overview of Therapy for Obesity in Adults.

**Decision rationale:** The California MTUS does not address weight loss programs specifically. Typically, obesity is not considered a work-related injury. However, conditions that adversely affect a work-related injury must be treated to the extent that they do not interfere with the ability to obtain functional improvement from the injury. The MTUS does state: "To achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. They must work within their medical restrictions, and refuse unreasonable requests by coworkers and supervisors to function over their limitations in a way that could endanger their health or safety." In this case, there is no documentation of reasonable attempts on the part of the claimant to reduce weight including calorie restriction and exercise. Likewise, baseline weight was not specified as well as weight-loss goals. Therefore, there is no documentation for the medical necessity for a supervised weight loss program.