

<b>Case Number:</b>	CM14-0042193		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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:

This is a 38-year-old female with a 8/4/11 date of injury. The mechanism of injury was not noted. According to a 4/23/14 progress note, the patient was frustrated because her request for a weight loss program was denied. She stated that she continued to have pain any time she does activities, and if she stays home and stays in bed she does not have any pain. She has been trying to do gentle exercises to lose weight, although again, activities again are very painful for her. On physical exam, she continued to have lumbar spine stiffness and spasm and pain with forward flexion. She had a slight limp when she walks. Diagnostic impression: cervical spine sprain with right-sided shoulder pain, right shoulder trapezial spasm, thoracic spine sprain, psych and gastrointestinal issues, sleep disorder and weight gain, lumbar spine sprain with radiculopathy. Treatment to date includes medication management, activity modification and surgery. A UR decision dated 3/18/14 denied the request for weight loss program. The clinical guidelines indicate that the formal weight loss programs do not have favorable outcomes. There is no indication that the patient cannot try a regular low fat, low calorie diet, in lieu of a professional 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 A Pilot Randomized Trial Comparing a

Commercial Weight Loss Program with a Clinic-Based Intervention for Weight Loss; Journal of Primary Care<sup>8</sup>; Community Health October 2012 vol. 3 no. 4 251-255.

**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: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** California MTUS and ODG do not address this issue. Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. There is no documentation of the patient's height or weight in the reports provided for review, therefore, the patient's BMI cannot be determined. In addition, there is no discussion that the patient has tried and failed conservative diet and exercise programs. Furthermore, the request for a weight loss program does not indicate the duration of time being requested for the program. Therefore, the request for Weight Loss Program was not medically necessary.