MAXIMUS Federal Services

| Case Number: | CM14-0043675 | | |
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| Date Assigned: | 07/02/2014 | Date of Injury: | 04/16/2013 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 03/24/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

## 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 General Surgery, has a subspecialty in Surgical Crital Care and is licensed to practice in Texas. 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 55 year old female who was injured on April 16, 2013 due to a fall at work landing on her back. The diagnoses are listed as lumbago and cervicalgia. The most recent progress note dated 5/22/3, reveals complaints of only a small change in her back pain since starting physical therapy. Complaints of upper, middle, and lower back pain after every treatment was documented. Walking is the most difficult thing to do was reported. The injured worker takes pain medications at night to sleep and Motrin at work. Prior treatment includes physical therapy and medications. A prior utilization review determination dated 3/17/14 resulted in denial of [redacted] supervised medical weight loss program for 10 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **WEIGHT LOSS PROGRAM X 10 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:Self-directed interventions to promote weight loss: a systematic review of reviews. Tang J1, Abraham C, Greaves C, Yates T.

**Decision rationale:** The injured worker is noted to be obese prior to the date of injury as the notes of 4/18/13 reflect Height of 5ft 5 inches and Weight of 259 lbs. Any short term weight loss is fraught with relapse and recurrence of obesity. Only long term behavior modification strategies can maintain weight loss. The injured worker has not demonstrated that he is unable to lose weight with an independent program for modest calorie reduction. There is no documentation of failure of this approach. Therefore the request for medical weight loss program is not medically necessary.