

<b>Case Number:</b>	CM14-0047249		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Interventional Spine 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:

The patient is a 48-year-old female with a date of injury of 06/05/2009. The listed diagnoses per [REDACTED] are a mood disorder, cervical spondylosis, hip pain, spinal/lumbar degenerative disc disease (DDD), shoulder pain, elbow pain, knee pain, and low back pain. According to progress report on 04/03/2014 by [REDACTED], the patient presents with neck, low back, right upper extremity, right shoulder, right elbow, right hip, right knee, and right ankle pain. The patient also complains of headaches. The patient's medication regimen includes Lidoderm patches, Lexapro, Zanaflex, Ambien, Voltaren, Norco, biotin, and Prilosec. The physician reports the patient appears to be fatigued, in moderate pain, and tearful. The patient reports her weight gain has decreased her ability to exercise as she does not understand how to lose weight and is requesting assistance. The physician is recommending [REDACTED]' weight loss program for 1 year. A utilization review denied the request on 04/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year [REDACTED] program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS National Guidelines Clearinghouse Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of

obesity in primary care: a clinical practice guidelines from the American College of Physicians. Ann Intern Med 2005 Apr 5; 142(7): 525-31.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines on Weight loss program: ([http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html)).

**Decision rationale:** This patient presents with neck, low back, right upper extremity, right shoulder, right elbow, right hip, right knee, and right ankle pain. The patient also complains of headaches. The MTUS, ACOEM and ODG guidelines do not discuss Weight Loss Programs specifically. However, AETNA Weight Reduction Medications and Programs (Number: 0039) states, Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met. Review of the medical file does not show that this patient meets the criteria provided by AETNA for a weight reduction program. Furthermore, the physician does not discuss if other measures of weight loss have been tried and failed. AETNA states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. Furthermore, one year long program appear excessive without some monitoring of progress. Therefore the request is not medically necessary.