

<b>Case Number:</b>	CM14-0050838		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 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 42 year old female who was injured on 10/24/2011. The mechanism of injury is unknown. The patient is noted to have a diagnosis of weight gain on note dated 01/29/2014; however, there are no supporting evidence submitted on other reports. There are no weight logs documented and there is no medical indication to warrant this request. Prior utilization review dated 03/13/2014 states the request for [REDACTED] Weight Loss Program times 12 weeks is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Weight Loss Program times 12 weeks:** 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 Official Disability Guidelines and on Other Medical Treatment Guideline or Medical Evidence: [http://www.lindora.com/program\\_clinics.aspx](http://www.lindora.com/program_clinics.aspx)

**Decision rationale:** The request for weight loss program is not medically necessary. The Official Disability Guidelines recommend lifestyle modifications including diet and exercise as first line interventions. Reduction of obesity and an active lifestyle can have major benefits. A

low carbohydrate diet is better than a conventional low calorie diet. Comparing 3 different diets, a low fat diet, a low glycemic index diet, and a low carbohydrate diet, it was found that participants use up most energy with the low carbohydrate diet, but there were metabolic disadvantages to this approach and the low glycemic index diet was recommended. The low fat diet resulted in the worst outcomes. The low glycemic index diet is best for weight loss and cardiovascular disease prevention. There was an insufficient discussion of the prior weight loss attempts which have failed. It is not clear if the patient has tried and failed diet and exercise. The need for a weight loss program was not clearly demonstrated in the submitted documentation. Therefore, the request for weight loss program is not medically necessary.