

<b>Case Number:</b>	CM14-0074357		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 44-year-old female who has submitted a claim for lumbar facet arthropathy, complex regional pain syndrome of the left lower extremity, and degenerative disc disease of the lumbar spine status post-surgery associated with an industrial injury date of 11/08/2009. Medical records from 09/03/2013 to 07/16/2014 were reviewed and showed that patient complained of low back pain radiating down the left lower extremity. Physical examination revealed BMI of 25.7. Tenderness to palpation over the lumbar spine, sacroiliac joint and piriformis bilaterally was noted. Lasegue's test was positive bilaterally. The lumbar spine CT scan dated 12/15/2013, showed lumbar fusion at L3, L4, L5 with areas of consolidative soft tissue density noted along the left aspect of the canal at both L3-4 and L4-5 levels. Treatment to date has included lumbar spine decompression (12/17/2012), L4-L5 lumbar laminectomy revision (12/02/2013), 40 postoperative physical therapy visits, and pain medications. Utilization review dated 05/13/2014, denied the request for weight loss program because clinical findings did not suggest obesity (BMI of 30). There was no documentation of failure to respond to other treatment modalities, such as dietary and behavior modifications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 weight loss program between 5/07/14 and 06/21/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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: Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

**Decision rationale:** The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes. Additionally, individuals who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient's BMI was 25.7. There was no documentation of failure to lose at least 1 pound a week for at least six months to a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. Hence, the patient did not meet the criteria for weight reduction programs. Therefore, the request for the weight loss program between 5/07/14 and 06/21/14 is not medically necessary.