

<b>Case Number:</b>	CM14-0090639		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 American Board of Family Practice 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 39 year old female claimant who sustained a work injury on 7/16/12 involving the low back. She was diagnosed with lumbar radiculopathy, spondylolisthesis of L5-S1, and foraminal narrowing and facet arthropathy at the lumbar spine. A progress note on 4/29/14 indicated the claimant had 8/10 pain which was managed with oral analgesics. She was offered other pain management options and pain psychology. In addition, the physician recommended follow-up visits with her general practitioner for medically supervised weight loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-ups with MD for medically supervised weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Evaluation and Management (E&M).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS: Official Disability Guidelines (ODG), Knee), Total Knee Arthroplasty; and Other Medical Treatment Guideline or Medical Evidence: National Guidelines for Obesity.

**Decision rationale:** The MTUS and ACOEM guidelines do not comment on weight loss programs. According to the ODG guidelines, outpatient evaluation and management are to be determined as medically necessary. According to the national guidelines for obesity, an assessment of body mass index, weight, motivation, weight status, etc. In this case, claimant' weight information is not known and the number of office visits is not specified. The request for follow-ups with MD for medically supervised weight loss program is not medically necessary.