

<b>Case Number:</b>	CM14-0093362		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 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 injured worker is a 56 year old woman who slipped and fell on a wet floor. She tried to get up and fell again. She sustained injuries to her left ankle, low back, neck shoulders and face. She gained 100 lbs. since her injury. She has been diagnosed with Complex regional pain syndrome (CRPS) of the lower extremity. She weighs 365 lbs. and is 5'7 ". Physical exam was significant for allodynia in the left foot, pain to patpation in both ankle joints, feet, and tenderness diffusely throughout her body. Diagnoses: 1. CRPS lower extremities 2. Chronic lumbar, thoracic and cervical strains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medically Supervised Weight Loss Program:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines.

**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: Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, Kaufman T, Kennedy E, Kestenbaum C, Lano M, Leslie D, Newell T, O'Connor P, Slusarek B, Spaniol A, Stovit

**Decision rationale:** A medical weight loss program is requested. ACOEM, MTUS and ODG are silent on medical weight loss. The UR reviewer denied medical weight loss secondary to an inadequate documentation of dietary attempts citing the Aetna guidelines. The Aetna guidelines do not use failure of a diet program as a prerequisite of a medical weight reduction program. The injured worker is morbidly obese. Her Body mass index (BMI) is 56.3. The guidelines cited by this reviewer cite lifestyle changes, behavioral management, medication and surgical considerations as acceptable interventions. The request is medically necessary.