

<b>Case Number:</b>	CM13-0025813		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 45-year-old female, who sustained an industrial injury on 1/26/12. She has reported lumbosacral radiculopathy. The diagnoses have included lumbago, rule/out herniated nucleus pulposus and excessive weight gait secondary to inactivity. Treatment to date has included oral medications, Toradol intramuscular injection, topical medications and functional restoration program. Currently, the injured worker complains of persistent low back pain shooting to bilateral legs. Increased tenderness on palpation is noted in lumbosacral area. On 9/5/13 Utilization Review non-certified weight loss program and weight loss surgery, noting the absence of clear and detailed documentation or evidence of failed attempts at self-administered weight loss with diet, exercise, medical necessity of proposed weight loss program and surgical procedure is not established. Non-MTUS, ACOEM Guidelines, was cited. On 9/13/13, the injured worker submitted an application for IMR for review of weight loss program and weight loss surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Obesity in Adults: Overview of management

**Decision rationale:** Selection of treatment for overweight is based on a risk assessment. Overweight is based on BMI. There is no evidence in the medical record available to me that this has been recorded, nor has there been documentation of her weight. All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight management. A weight loss program may be appropriate for this worker but there is insufficient documentation that an adequate evaluation has been done to determine that. Furthermore, there are various weight loss programs, some of which may be appropriate for this worker and some which may not be depending on other comorbidities. A detailed assessment and a description of the weight loss program should be available before determining medical necessity of a weight loss program.

**Weight Loss Surgery (Bariatric Surgery):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Bariatric operations for management of obesity

**Decision rationale:** Weight loss surgery may be indicated for an adult with a BMI  $\geq$  40 without comorbid illness or a BMI 35-39.9 with at least one serious comorbidity. Neither this worker's weight nor BMI was included in the medical record available for my review. Furthermore, a detailed pre-operative assessment is required prior to a determination to proceed with surgery. There is no evidence from the record that this has been done. There is also no evidence that this worker has attempted dietary self-regulation to control her weight. The record indicates that her weight is due to inactivity. Weight gain that is due to inactivity should be controlled with a reduction in caloric intake. Diet, exercise and pharmacotherapy should be attempted and failed before pursuing weight loss surgery. There is no indication that any of this has transpired.