

Case Number:	CM14-0189546		
Date Assigned:	11/20/2014	Date of Injury:	07/24/2006
Decision Date:	07/29/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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: California

Certification(s)/Specialty: Emergency Medicine

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 48 year old male, who sustained an industrial injury on 7/24/06. He has reported initial complaints of a low back injury. The diagnoses have included intervertebral disc disease with listhesis and central, foraminal stenosis, and morbid obesity. Treatment to date has included medications, activity modifications, off work, surgery, physical therapy, Magnetic Resonance Imaging (MRI) of the lumbar spine, urine drug screen, electromyography (EMG)/ nerve conduction velocity studies (NCV) of the bilateral lower extremities , home exercise program (HEP) and other modalities. Currently, as per the physician neurosurgical follow up progress note dated 9/30/14, the injured worker complains of severe constant low back pain. It is noted that the physician reviewed the lumbar Magnetic Resonance Imaging (MRI) dated 8/13/14 and it revealed a central extrusion at L5-S1 and a wide laminectomy has been performed and congenital and acquired components are noted. The general physical exam is unremarkable. The pre-injury weight was 260 pounds and current weight is 378 pounds with target weight goal of 250 pounds. There are a few physical therapy sessions noted in the records. The physician notes that weight loss is required as the injured worker may be a candidate for a repeat surgical intervention to address the pathological findings on the recent lumbar Magnetic Resonance Imaging (MRI) which are causing residual back pain and radicular symptoms. The physician requested treatment included a Weight loss program with target goal weight of 250 pounds.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Diabetes: Diet Gudzone KA, Doshi RS, Mehta AK, Chaudhry ZW, Jacobs DK, Vakil RM, et al. Efficacy of Commercial Weight-Loss Programs: An Updated Systematic Review. *Ann Intern Med.* 2015;162:501-512. doi: 10.7326/M14-2238.

Decision rationale: No information concerning weight loss programs is available in MTUS chronic pain, ACOEM or Official Disability Guidelines. Review of literature especially review of article from *Annals of Internal Medicine*, shows poor success. The provider has failed to document what has been attempted thus far. There is no documentation of a home diet and exercise program. There is no documentation of current BMI. The lack of prior treatment and conservative management attempted thus far does not support request for weight loss program.