

<b>Case Number:</b>	CM14-0190534		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 40-year-old woman with a date of injury of 09/07/2011. The submitted and reviewed documentation did not identify the mechanism of injury. The treating physician notes dated 09/16/2014 and 10/20/2014 indicated the worker was experiencing lower back pain that went into the left leg and left leg weakness. Documented examinations described a minimal limp, no ankle reflex, slight left leg weakness compared with the right leg, tenderness in the lower back, spasm in the lower back and hip regions, and positive testing involving raising a straightened left leg. The submitted and reviewed documentation concluded the worker was suffering from post-laminectomy syndrome, lumbar disk disease with myelopathy, a bulging lower back disk, and neuritis in the lower back. Treatment recommendations included oral pain medications, medication injected near the lower back spinal nerves, physical therapy, a weight loss program. A Utilization Review decision was rendered on 11/03/2014 recommending non-certification for the [REDACTED] weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 30-33. Decision based on Non-MTUS Citation The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. (The National Heart, Lung, and Blood Institute (NHLBI) and the North American Association for the Study of Obesity (NAASO), National Institute of Health Obesity Guideline) [http://www.nhlbi.nih.gov/guidelines/obesity/prctgd\\_c.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf) (Accessed on 01/04/2015). Jensen MD, et al. 2013 AHA/ACC/TOS Obesity Guideline. J Am Coll Cardiol 2013. Overweight and obese ad

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. The MTUS Guidelines recommend that some workers with chronic pain may benefit from multidisciplinary pain programs or interdisciplinary rehabilitation programs that are proven to have successful outcomes for those with conditions that put them at risk of delayed recovery. However, the submitted documentation does not describe the components of the [REDACTED] weight loss program, and its name and website description do not appear to be consistent with the programs described in the MTUS Guidelines. Evidence-based Guidelines emphasize the importance of a thorough assessment of patients requiring weight loss before prescribing treatment. Some recommended elements include an in-depth review of the person's medical history, history of weight loss and gain, current diet, current exercise level, prior treatments for weight loss and their results, a detailed examination, a thorough exploration of exacerbating issues, a stratification of the current degree of excess weight, and an individualized review of appropriate goals. Treatment plans should then be based on this detailed assessment. The submitted and reviewed documentation concluded the worker was suffering from post-laminectomy syndrome, lumbar disk disease with myelopathy, a bulging lower back disk, and neuritis in the lower back. There were no assessments of the worker's weight as emphasized in the Guidelines, and examination did not record a high body mass index. There was no indication that the goal of the requested program was to improve the worker's function or decrease pain medication use. There is limited evidence in the literature to support weight loss programs alone improving the degree of debility caused by chronic pain or the intensity of chronic pain long term. In the absence of such evidence, the current request for the [REDACTED] weight loss program is not medically necessary.