

<b>Case Number:</b>	CM14-0191092		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 55-year-old female who was injured on September 19, 2012. The patient continued to experience pain in her lower back with radiation down her right leg. Physical examination was notable for mildly antalgic gait, tenderness to palpation of the lower spine, diminished sensation to the dorsum of the right foot, mildly decreased strength to the right extensor hallucis longus and right tibialis anterior. Diagnoses included L4-5 spondylolisthesis and status post work-related injury. Treatment included medications and physical therapy. Request for authorization for outpatient weight loss program was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One outpatient weight loss program related to lumbar spine injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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: Weight loss Treatment Guidelines from the Medical Letter, April 1, 2011, Issue 104, page 17: Diet, Drugs, and Surgeries for Weight Loss

**Decision rationale:** Diet and exercise are the preferred methods for losing weight, but are still associated with high long-term failure rates. Patients on a diet generally lose 5% of their body weight over the first 6 months, but by 12-24 months, weight often returns to baseline. The long-term ineffectiveness of weight-reduction diets may be due to compensatory changes in energy expenditure that oppose the maintenance of a lower body weight, as well as genetic and environmental factors. There are no recommendations for outpatient weight loss program in the Chronic Pain Medical Treatment Guidelines or in the Official Disability Guidelines. The lack of information does not allow determination for medical necessity and safety. The request is not medically necessary.