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| <b>Case Number:</b>   | CM14-0197675 |                              |            |
| <b>Date Assigned:</b> | 12/05/2014   | <b>Date of Injury:</b>       | 11/27/2007 |
| <b>Decision Date:</b> | 01/16/2015   | <b>UR Denial Date:</b>       | 10/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2014 |

### 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 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:

This is a sixty-one year old female who sustained a work related injury on November 27, 2007. The injured worker had been working in a candy store, slipped on a piece of candy and sustained a fall. She fell forward hurting her chin, knees, neck and upper and lower back. Current documentation dated October 21, 2014 notes that the injured worker reported neck pain with radiation to the right arm with associated numbness and tingling. She also reported low back pain with radiation down the left lower extremity. The injured worker used a cane for ambulation. The injured worker was also noted to be seeing a psychiatrist for depression and anxiety. Physical examination of the lumbar spine revealed diminished sensation of the lumbar spine and a positive straight leg raise. Cervical spine examination revealed pain and decreased range of motion. Work status was temporarily totally disabled. Diagnoses include cervical spine strain/sprain with right upper extremity radicular symptoms, lumbar strain/strain with left lower extremity radicular symptoms and fibromyalgia, location unspecified. There is lack of documentation in regards to the injured workers pain levels, functional limitations or prior conservative treatments. The treating physician requested the injured worker attend a [REDACTED] program due to a body mass index of forty-two. Utilization Review evaluated and denied the request for the [REDACTED] weight loss program on October 28, 2014. Utilization Review documentation notes that a weight loss program is recommended for all injured workers with this body mass index. However, the [REDACTED] program is not medically necessary as there is no indication that any specific programs offer any sort of advantage over another.

### IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ program: 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: ██████████ 2012

**Decision rationale:** There is no specific documentation addressed by ACOEM/MTUS Guidelines for weight loss requirements for chronic pain conditions. Per ██████████ ██████████ weight loss is beneficial for partial relief of symptoms for patients with obesity and arthritis. Per the documentation the patient is obese by BMI criteria ( BMI 42) but there is no documentation indicating she has undergone any formal counseling on lifestyle and behavioral modifications such as diet and exercise. There is no documentation indicating that the specific weight loss program requested, ██████████ is medically necessary and indicated for treatment of the claimant's obesity condition. Medical necessity for the requested item has not been established. The requested service is not medically necessary.