

<b>Case Number:</b>	CM14-0202238		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/06/2000
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 66 year old female with an injury date on 12/6/00. The patient complains of low lumbar pain radiating to right big toe per 10/16/14 report. The patient now complains of right leg pain also, and back pain is worsening per 10/16/14 report. The patient completed 6 of 6 acupuncture sessions with 45-50% improvement, but temporary relief only per 8/25/14 report. The patient's back pain radiates to the right lower extremity with numbness per 8/25/14 report. Based on the 8/25/14 progress report provided by the treating physician, the diagnoses are: 1. L-spine s/s right lower extremities radic, anteriolistehsis L4-L5 per X-rays 6/20/14. 2. right SIJ spr. severe deg. scoliosis per X-rays 6/20/14. Most recent physical exam on 7/16/14 showed "positive straight leg raise on the right. L-spine range of motion is limited with 35 degrees of flexion." The 10/16/14 report states "Patient immobile. Difficulty moving around exam room." The patient's treatment history includes medications, acupuncture, EMS. The treating physician is requesting weight loss program. The utilization review determination being challenged is dated 11/18/14. The requesting physician provided treatment reports from 6/20/14 to 10/16/14.

### 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 Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** This injured worker presents with lower back pain, right leg pain, and right big toe pain. The treating physician has asked for Weight Loss Program on 10/16/14. MTUS, ACOEM and ODG guidelines do not address weight loss programs. Regarding Clinician Supervision of Weight Reduction Programs, Aetna Clinical Policy Bulletin states: "Up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI  $\geq 30$  kg/m<sup>2</sup>\*\*)." In this case, the injured worker is described as "immobile" and has difficulty ambulating, but included documentation does not include a weight. Aetna requires a BMI of 30 or greater for a weight loss program to be indicated. In addition, the treating physician does not discuss if other measures (diet, exercise) of weight loss have been tried and failed. Aetna states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. The request is not medically necessary.