

<b>Case Number:</b>	CM14-0207853		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 52 year old female with the injury date of 10/17/11. Per physician's report 11/24/14, the patient has abdominal pain. The lists of diagnoses are: 1) Elevated liver enzyme 2) Fatty liver, IBS, 35 lbs weight gain since injury 3) Right upper quadrant abdominal pain. Per 10/27/14 progress report, the patient has lost 8.5 lbs lately through [REDACTED]. The patient weighs 168 lbs. Per 09/29/14 progress report, the patient has neck, mid and lower back pain, radiating down upper/ lower extremities. The patient has difficulty with her daily activities. "The patient continues to be seen by the internist, Dr. [REDACTED], who has referred the patient for the [REDACTED] Loss Program." The patient has lost 6 lbs. The lists of diagnoses are: 1) Thoracic sprain/ strain 2) Cervical radiculopathy 3) Shoulder sprain/ strain 4) Lumbosacral radiculopathy 5) Hip sprain/ strain. Per 05/16/14 progress report, laboratory tests have normal CBC. There are mild elevation in the ALT, a liver function test. The utilization review determination being challenged is dated on 12/05/14. Treatment reports were provided from 01/31/13 to 11/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] per week QTY: 10: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, "Weight Loss Program"

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and extremities. The request is for 10 sessions of [REDACTED] per week. The MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There are no discussions regarding weight loss programs in MTUS, ODG or ACOEM. AETNA provides a reasonable medical guidelines regarding weight loss and supports "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitored programs are supported for those with BMI greater than 30, but excludes [REDACTED], or similar programs. The request is not medically necessary.