

<b>Case Number:</b>	CM14-0208737		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/02/1995
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### 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 47 year old female patient who sustained a work related injury on 3/2/1995. Patient sustained the injury when she was standing on a box to unload objects. The current diagnoses include Lumbar disc herniation at L4-L5 and L5-S1 with radiculopathy, segmental instability, left greater than right, status posthemilaminectomy and microdiscectomy. Per the doctor's note dated 10/24/14, patient has complaints of pain in low back and right shoulder. Physical examination of the revealed limited range of motion. Per the doctor's note dated 9/18/14, patient had complaints of pain in low back and right shoulder. Physical examination of the lumbar region revealed limited range of motion and muscle spasm. The medication list includes Norco and Soma. The patient has had MRI of the low back on 8/29/11 that revealed 3 mm disc protrusions at L5-S1. The patient's surgical history include L5-S1 discectomy and laminectomy on 7/2/97. The patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supervised 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 Official Disability Guidelines (ODG) Low Back (updated 11/21/14) Gym memberships; Other Medical Treatment Guideline or Medical Evidence: PubMed Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Snow V, Barry P, Fitterman N, Qaseem A, Weiss K, Clinical Efficacy Assessment Subcommittee of the American College of Physicians Ann Intern Med. 2005;142(7):525

**Decision rationale:** ACOEM/CA MTUS and ODG do not specifically address weight loss program. Per the cited guidelines "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment,....." Treatment for obesity involves either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline- Joint Position Statement on Obesity in Older Adults- "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients." The records provided do not provide detailed information about the patient's current body mass index and dietary history for this patient. The records provided do not specify if the patient has had a trial of weight loss measures including dietary modification and a daily exercise program. The response to any prior attempts of weight loss treatments are not specified in the records provided. Tests for medical conditions contributing to her inability to lose weight like hypothyroidism are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the pt's weight gain are not specified in the records provided. The medical necessity of the request for supervised weight loss program is not fully established in this patient.

**Detox:** 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 Detoxification Page(s): 42.

**Decision rationale:** According to the CA MTUS Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. This patient was taking narcotics and controlled substances. Details regarding these medications, in terms of doses, duration of taking the medication, and their response, are not specified in the records provided. Details regarding side effects to opioids, aberrant drug behaviors, response to the narcotics/opioids, refractory comorbid psychiatric illnesses present in this pt, are not specified in the records provided. The pain evaluation of this patient (e.g. pain diary) is also not well documented and submitted for review. Baseline functional testing and the response to the opioids in terms of functional improvement, is not specified in the records provided. The medical necessity of the request for Detox is not fully established in this patient.