

<b>Case Number:</b>	CM15-0100171		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 49 year old male, who sustained an industrial injury on 5-15-2008. The injured worker is undergoing treatment for brachial neuritis or radiculitis, myalgia, myositis, failed neck surgery syndrome, lumbar facet osteoarthritis and lumbar degenerative disc disease (DDD). Medical records dated 3-2-2015 and 5-4-2015 indicate the injured worker complains of neck, back and leg pain. He rates the pain 4 out of 10 with medication and 9 out of 10 without medication. The treating physician indicates "no change in weight and generally healthy." Physical exam dated 5-4-2015 notes obese, stiff gait and left knee brace decreased lumbar decreased range of motion (ROM) and left knee tenderness to palpation. Treatment to date has included ice, heat, rest, medication, gentle stretching and exercise. The original utilization review dated 5-18-2015 indicates the request for 1-weight watchers BMI 45.61, for lumbar and cervical spine, as an outpatient is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Weight watchers BMI 45.61, for lumbar and cervical spine, as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Annals of Internal Medicine, Volume 142, pages 1 through 42 January 2005. Evaluation of Major commercial weight loss programs by AG Tsai and TA Wadden.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Obesity, page 320.

**Decision rationale:** Although MTUS is silent on weight loss program, ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. Submitted reports noted the patient has no change in weight and is generally healthy. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The fewer symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. A search on the National Guideline Clearinghouse for Weight Loss Program produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this chronic 2008 injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. The current BMI documented is compared to any initial weight at date of injury. The provider has not identified any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here as the patient has remained functionally unchanged for this chronic 2008 injury. The 1 Weight watchers BMI 45.61, for lumbar and cervical spine, as an outpatient is not medically necessary and appropriate.