

<b>Case Number:</b>	CM15-0018914		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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:

This 48 year old female sustained a work related injury on 11/27/2012. According to a progress report dated 01/10/2015, the injured worker had multiple problems including her neck, back and carpal tunnel symptoms. Objective findings included positive Phalen's test and Tinel's sign. She pushed up from the sitting position. She had wrist braces. Range of motion of the lumbar spine was restricted at 45 degrees flexion and 15 degrees extension. Diagnoses included lumbar strain with right leg symptoms, carpal tunnel syndrome, cervical strain and weight of 287. The provider noted that losing weight would certainly help the injured worker's back condition. 3 months of [REDACTED] was recommended. The injured worker was working regular duties. On 01/27/2015, Utilization Review non-certified [REDACTED] Weight Loss Program. According to the Utilization Review physician, the only history provided to just the request is a weight of 287 and a lumbar strain. Guidelines cited for this review included Annals of Internal Medicine, Volume 142, pages 1-42 and Annals of Royal College of Surgeons of England, November 2, 2009 Obesity and Recovery from Low Back Pain. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of internal Medicine, Volume 142, pages 1-42.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html) <http://www.lindora.com/lhc-riteaid.aspx>.

**Decision rationale:** The patient was injured on 11/27/2012 and presents with pain in her neck, back, and carpal tunnel symptoms. The request is for a [REDACTED] WEIGHT LOSS PROGRAM. The RFA dated 01/19/2015 states that the request is for a weight reduction program for 3 months. The patient is currently working regular duties. The 01/10/2015 report states, "Losing weight will certainly help the patient's back conditions, and I strongly recommend 3 months of [REDACTED]." The patient currently weighs 287 pounds. The patient's diagnoses include: 1. Lumbar strain with right leg symptoms. 2. Carpal tunnel syndrome. 3. Cervical strain. 4. Weight of 287. 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. Neither MTUS, ODG, nor ACOEM have any say on the weight loss program so the AETNA website was referred to [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html). AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. The [REDACTED] weight program is a medically supervised program <http://www.lindora.com/lhc-riteaid.aspx>. Although there is a discussion provided regarding why the patient may need this weight loss program, the progress reports do not define the weight loss goals, nor do they reveal any steps taken by the patient to achieve those goals. Physician-monitored programs are supported for those with BMI greater than 30, but exclude [REDACTED] [REDACTED], or similar programs. Furthermore, the reports do not document trialed and failed caloric restrictions or physical activity restrictions. Therefore, the requested [REDACTED] Weight Loss Program IS NOT medically necessary.