

<b>Case Number:</b>	CM15-0143987		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 female, who sustained an industrial injury on 08-06-2003. She has reported injury to the right shoulder and low back. The diagnoses have included chronic right shoulder rotator cuff tendinitis and impingement syndrome; lumbar facet arthropathy; lumbar post laminectomy syndrome; chronic degenerative joint-degenerative disc disease of the lumbar spine with disc bulging at the L1-L2-L3, L4-L5, L5-S1, with protrusion at L3-L4; chronic lumbar radiculopathy; and status post right L3-L4 decompression, microdiscectomy and microforaminotomy, on 07-12-2007. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, transforaminal lumbar epidural steroid injection, and surgical intervention. Medications have included Norco, Gabapentin, Senokot-S, Norflex, Ranitidine, and Lansoprazole. A progress note from the treating physician, dated 05-26-2015, documented a follow-up visit with the injured worker. The injured worker reported that she continues with pain management with a provider; she ambulates with the use of the cane; and she has not been able to make arrangements for weight-reduction. Objective findings included she walks with an antalgic gait due to pain in her lumbar spine and both lower extremities; she utilizes a cane on the right hand for ambulation; on exam of the cervical spine, there is tenderness to palpation in the right trapezius muscle; there is no soft tissue swelling on exam of the right shoulder; there is tenderness to palpation over the anterior rotator cuff; there is mild acromioclavicular joint and bicipital tenderness without irritability; there is positive impingement sign; there is tenderness to palpation of the lumbar spine in the mid and lower paravertebral muscles; the lumbar range of motion is decreased; and there is patchy, decreased sensation in the bilateral lower extremities, left more so than right including L4, L5, and S1 distribution with patchy weakness without reflex asymmetry. The treatment plan has included the request for weight loss program.

## 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:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

**Decision rationale:** Pursuant to [REDACTED] (see attached link) weight loss program is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are status post right L3 - L4 decompression, microdiscectomy and microforaminotomy; chronic degenerative joint/degenerative disease of the lumbar spine with disc bulging; chronic lumbar radiculopathy; and chronic right rotator cuff tendinitis and impingement syndrome. The date of injury is August 6, 2003. Request authorization is July 6, 2015. According to a June 22, 2015 progress note, the injured worker's subjective complaints are low back pain worsening. Objectively, the injured worker ambulates with the cane. The documentation indicates the injured worker requires weight loss for proposed surgery and must have significant weight loss. There are no heights, weights or BMIs in the medical record. There is no attempted weight loss documented in the medical record. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, weight loss program is not medically necessary.