

<b>Case Number:</b>	CM15-0162312		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	04/29/2005
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 70 year old male, who sustained an industrial injury on 4-29-05. He reported pain in his neck and lower back after he slipped and fell backwards. The injured worker was diagnosed as having acute lumbosacral sprain, cervical sprain and gastropathy secondary to NSAID use. Treatment to date has included acupuncture and physical therapy with benefit, a lumbar MRI, aquatic therapy with no benefit and Norco. On 3-3-15 the injured worker rated his pain a 9 out of 10 in his lower back and neck. He was taking Tylenol #3, but it was only bringing his pain down to an 8 out of 10. The treating physician noted the injured worker's height was 5'3 and weight was 230lbs. On 5-5-15 the injured worker's height was 5'3 and weight was 230lbs. There is no documentation of diet education or exercise programs. As of the PR2 dated 7-22-15, the injured worker reports persistent lower back pain. He rates his pain a 9 out of 10 in his lower back. He also reported 6-7 out of 10 pain in his neck. Objective findings include height 5'3 and weight 237lbs, decreased cervical range of motion, decreased lumbar range of motion and a positive straight leg raise test on the right at 60 degrees. The treating physician requested a 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5 - Treatment of Obesity (Rev. 54, Issued: 04-28-06, Effective: 02-21-06, Implementation: 05-30-06 Carrier/10-02-06 FI).

**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 Medline plus (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 acute lumbosacral sprain strain; cervical spine sprain strain; gastropathy secondary to nonsteroidal anti-inflammatory drug use; rule out abdominal hernia; rule out nonsteroidal anti-inflammatory drug induced gastropathy; and abnormal EMG/NCV lower extremities. Date of injury is August 29, 2005. Request for authorization is July 24, 2015. According to a progress note dated July 14, 2015, the injured worker's subjective complaints include low back pain with radiation to the bilateral lower extremities 9/10. The injured worker complains of neck pain. There is no documentation of ongoing PT. Objectively, height is 5'3" and weight 237 pounds. There is no documentation of attempted weight loss in the medical record. There was no documentation of diet or attempted physical activity in the medical record. There was no clinical rationale for the weight loss program (i.e. anticipating surgery). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical rationale for a weight loss program and no documentation of attempted weight loss, weight loss program is not medically necessary.