

<b>Case Number:</b>	CM15-0169081		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/12/2007
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34 year old male with an industrial injury dated 11-12-2007. A review of the medical records indicates that the injured worker is undergoing treatment for multilevel large disc protrusions with central and foraminal stenosis causing chronic low back pain with radicular symptoms, most severe at L5-S1, medication-induced gastritis, and gastric sleeve in 2-22-2011. Treatment consisted of MRI of lumbar spine on 12-19-2014, Electromyography (EMG) on 01-11-2014, prescribed medications, and periodic follow up visits. According to the most recent progress note dated 02-16-2015, the injured worker reported ongoing low back pain which remains axial in nature. The injured worker rated pain a 5 out of 10 and reported that the pain can increase to an 8-9 out of 10. Medical records (02-16-2015) indicate updated Magnetic Resonance Imaging (MRI) on 12-19-2014 revealed a multilevel disc diseases, at its worse, there was a disc bulge at L3-4 with annular fissure at L3-4 and L4-5 and a giant hemangioma at L5. EMG study dated 01-11-2014 revealed right L5 radiculopathy. Records also indicate that the injured worker is a surgical candidate with recommendation to lose additional 70 pounds to a target weight of 300, prior to proceeding with surgery. Objective findings revealed antalgic gait, tenderness to palpitation of bilateral posterior lumbar musculature with increased muscle rigidity, numerous trigger points, decrease range of motion and facet loading with pain. The treating physician reported that the injured worker continues to have severe debilitating back pain that has kept him out of work for the last five years. The treating physician prescribed services for [REDACTED] Weight Loss Program, now under review. Utilization Review determination on 07-30-2015, denied the request for [REDACTED] 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 General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15630109> - Systematic review: an evaluation of major commercial weight loss programs in the United States.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. *Ann Intern Med.* 2005;142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005; 353 (20):2111-2120.

**Decision rationale:** The claimant sustained a work injury in November 2007 and is being treated for lumbar degenerative disc disease and is considered a candidate for surgery pending weight loss. He has large multilevel disc herniations. In December 2014 he had been able to decrease his weight from 470 to 300 pounds but was gaining weight again. When seen, his weight was 370 pounds. There was an antalgic gait. There was decreased lumbar range of motion. There was decreased right lower extremity strength and straight leg raising was positive bilaterally. A gym membership with pool access was requested in February 2015. In terms of weight loss, controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a dietician recommended non supervised weight loss program including a low calorie diet and increased physical activity, which might include pool exercises as had been requested. The weight loss program is not medically necessary.