

<b>Case Number:</b>	CM15-0189718		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/07/2005
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Hawaii  
 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 55 year old female, who sustained an industrial injury on 11-7-2005. A review of the medical records indicates that the injured worker is undergoing treatment for status post right total hip arthroplasty, status post cervical laminectomy and fusion C3-C7 with persistent left upper extremity paresthesias and weakness, degenerative spondylosis with severe canal stenosis at L4-L5 and pressure on the cauda equine, obesity, revision of left total hip arthroplasty, left carpal tunnel syndrome, and ulnar neuropathy at the bilateral elbows. The Primary Treating Physician's report dated 7-28-2015, noted the injured worker underwent a transforaminal block the previous week, noting improvement in her back pain however she had continuing complaints of leg pain and numbness, tingling, and weakness, falling quite often. The injured worker was noted to be scheduled to undergo lumbar spine surgical intervention on 8-24-2015. The physical examination was noted to show the injured worker ambulating with the aid of a rolling walker, with weakness in the biceps as well as with external and internal rotation of the left upper extremity when compared to the contralateral side. Tenderness was noted about the lumbar paravertebral musculature. The injured worker's weight was not noted in the physical examination, however on 7-22-2015, the orthopedic physician noted the injured worker's weight as 235 pounds with a height of 5 feet 8 inches. On 5-6-2015, the injured worker's weight was noted to be 235, with a BMI of 35.73. Prior treatments have included cervical spine surgery in 2012, the [REDACTED] weight loss program between 9-2012 and 11-2013 with weight declining to a low of about 182 pounds, transforaminal epidural steroid injections (ESIs), acupuncture, home exercise program (HEP), right total hip replacement in 2013, physical therapy, aqua therapy, and

medications including Voltaren, Norco, Diclofenac, Vicodin, Lyrica, Omeprazole, Flexeril, Nortriptyline, and Percocet. The treatment plan was noted to include evaluation with a neurosurgeon, the surgical intervention for her lumbar spine, and additional supervised weight loss program as the injured worker requires additional weight loss. The request for authorization dated 7-29-2015, requested an office visit - follow-up QTY: 1 and a supervised weight loss program QTY: 1. The Utilization Review (UR) dated 8-28-2015, approved the request for an office visit - follow-up QTY: 1 and denied the request for a supervised weight loss program QTY: 1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Supervised Weight Loss Program QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinician Supervision of Weight Reduction Programs.

**Decision rationale:** The patient presents with pain affecting the low back, bilateral legs, neck, and bilateral upper extremities. The current request is for Supervised Weight Loss Program QTY: 1. The treating physician report dated 9/8/15 (318B) states, "Again in continue to feel the patient requires additional weight loss and would benefit from additional supervised weight loss program such as [REDACTED]." MTUS/ACOEM Guidelines and ODG do not specifically address weight loss programs. AETNA guidelines on Clinician Supervision of Weight Reduction Programs allows up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese as determined by BMI. In this case the treating physician has asked for one "supervised weight loss program" but does not describe what this program entails, as medically supervised weight loss programs can be considered but not others. Furthermore, the current request does not specify a duration for the weight loss program and so it is uncertain if the request will exceed the 26 visits supported by the AETNA guidelines. The current request is not medically necessary.