

<b>Case Number:</b>	CM15-0192457		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/21/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Emergency 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 12-21-2013. She has reported subsequent neck, low back, left shoulder, left elbow and right upper extremity pain and was diagnosed with cervical disc bulges, lumbar disc bulges, left shoulder supraspinatus and infraspinatus tendonitis, acromioclavicular osteoarthritis, left elbow common extensor partial thickness tearing and tendinosis of the lateral epicondyles and right moderate compression of the median nerve. Treatment to date has included pain medication, transcutaneous electrical nerve stimulator (TENS) unit, epidural injections, chiropractic therapy and physical therapy, which were noted to have failed to significantly relieve the pain. In a qualified medical examiner (QME) report dated 04-07-2015, the injured worker was noted to undergo a functional capacity evaluation, which indicated that the injured worker was severely deconditioned and demonstrated below average cardiovascular fitness for her age with movement at a very slow pace, and the physician recommended medical weight loss due to acquired obesity while disabled. In a progress note dated 08-17-2015, the injured worker reported 5-6 out of 10 neck, low back and left arm pain that was made better with rest and medication. Objective examination findings revealed decreased range of motion of the cervical spine, lumbar spine, left shoulder and left elbow, tenderness over the cervical and lumbar paraspinal muscles, trapezius muscles, acromioclavicular joint of the left shoulder and medial epicondyle of the left elbow, decreased strength at C5-C7, L4, L5 and S1 bilaterally, of the left shoulder with flexion and abduction of the left elbow with flexion and extension and decreased grip strength of the right hand with positive Tinel's and Phalen's signs. The injured worker's height was documented as 5 foot 3 inches and weight was documented as 170 pounds. The

injured worker was noted to be off work. The physician noted that a short course of chiropractic therapy for the lumbar spine and weight loss program as per recommendation of the QME were being requested. A request for authorization of [REDACTED] was submitted. As per the 09-09-2015 utilization review, the request for [REDACTED] was non-certified.

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

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

[REDACTED]: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Pilot Randomized Trial Comparing a Commercial Weight Loss Program with a Clinic-Based Intervention for Weight Loss Journal of Primary Care & Community Health October 2012 vol. 3 no. 4 251-255.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kimberly A. Gudzone, MD, MPH\*; Ruchi S. Doshi, BA\*; Ambereen K. Mehta, MD, MPH; Zoobia W. Chaudhry, MD; David K. Jacobs, BA; Rachit M. Vakil, BS; Clare J. Lee, MD; Sara N. Bleich, PhD; and Jeanne M. Clark, MD, MPH; Efficacy of Commercial Weight-Loss Programs: An Updated Systematic Review; Ann Intern Med. 2015;162(7):501-512. doi:10.7326/M14-2238.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. Official Disability Guidelines only have basic recommendations concerning weight loss. As per review article noted above, the only commercial programs that have any efficacy involve calorie-counting programs. Provider has failed to document any conservative attempt at weight loss such as exercise or portion control which are all available for free. Evidence does not support clinic based weight loss program and there is no documentation of any attempt at weight loss or end goal. Not medically necessary.