

<b>Case Number:</b>	CM15-0193509		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/27/2008
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 62 year old female, who sustained an industrial injury on 07-27-2008. The injured worker was diagnosed as having myofascial pain, neck strain-sprain, cervical disc disorder with myelopathy and chronic pain syndrome. On medical records dated 08-24-2015, the subjective complaints were noted as neck, left shoulder, bilateral arms and hands pain. Objective findings were noted as weight 386 pounds. The injured worker was noted to have failed home diet and exercise, and has gained over 80 pounds since her date of injury. The injured workers weight was noted as a medical barrier moving forward with necessary surgery. Treatments to date included medication and home exercise. The injured worker was noted to be not working and permanent and stationary. Current medications were listed as Norco, Naproxen, Cymbalta, Lyrica, and Lidoderm Patches. The patient has had history of depression and anxiety. Per the note dated 9/22/15, the patient had complaints of pain in neck, bilateral arm, left shoulder and hands at 6/10. Physical examination of the cervical spine revealed limited range of motion and muscle spasm. The patient has had MRI of the cervical spine on 7/15/2009 that revealed disc protrusions, and foraminal narrowing. The patient had received an unspecified number of PT visits for this injury. The patient's surgical history includes cholecystectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 day weight loss trial (program with Medi-fast): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed?term=obesity%20in%20US%20workerse%20%27>, National Health Interview Survey.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15), Gym memberships, Diabetes (updated 09/10/15), Lifestyle (diet & exercise) modifications and Other Medical Treatment Guidelines PubMed, Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Snow V, Barry P, Fitterman N, Qaseem A, Weiss K, Clinical Efficacy Assessment Subcommittee of the American College of Physicians, Ann Intern Med. 2005; 142(7): 525, Practice Guideline-Joint Position Statement on Obesity in Older Adults, Am Fam Physician. 2006 Jun 1; 73(11): 2074-2077.

**Decision rationale:** Request: 90 day weight loss trial (program with Medi-fast) ACOEM/CA MTUS and ODG do not specifically address weight loss program. Per the cited guidelines "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." As per the cited guideline "Lifestyle (diet & exercise) modifications: Recommended as first-line interventions." Treatment for obesity involves either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline-Joint Position Statement on Obesity in Older Adults- "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients." The records provided do not provide detailed information about the patient's dietary history. The response to any prior attempts of weight loss treatments are not specified in the records provided. Tests for medical conditions contributing to her inability to lose weight like hypothyroidism are not specified in the records provided. The medications that may be contributing to her weight gain are not specified in the records provided. Possible untreated psychiatric co morbidities that may be contributing to the patient's weight gain are not specified in the records provided. The medical necessity of the request for 90 day weight loss trial (program with Medi-fast) is not fully established in this patient. Therefore, the request is not medically necessary.