

<b>Case Number:</b>	CM15-0198944		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old female, who sustained an industrial-work injury on 9-26-08. She reported initial complaints of back, both wrists, and right hand pain. The injured worker was diagnosed as having chronic low back pain with disc desiccations and chronic right wrist and hand pain with bilateral carpal tunnel syndrome. Treatment to date has included medication, surgery (left wrist surgery for thumb osteoarthritis and carpal tunnel release), psychiatry, and aerobics. MRI results were reported on 10-2008 noted facet fusion at L4-S1 and L5-S1. MRI on 11-2010 showed disc desiccation at multiple levels and 12-21-11 showed bilateral carpal tunnel syndrome. Currently, the injured worker complains of ongoing low back pain that is improved on current medications that reduces pain from 10 out of 10 to 4 out of 10. She is then able to walk, do ADL's (activities of daily living) and water aerobics. Lyrica reduces radicular symptoms greater than 60%. She uses a cane to ambulate. Weight gain is 39 pounds since the back injury. Initial weight was 235 pounds and now 274 pounds. Medications include Norco 10-325 mg, Naproxyn, Lyrica, and Provigil, Lexapro, and Abilify. Per the primary physician's progress report (PR-2) on 9-9-15, exam noted slow gait, increased tenderness to lumbar paraspinal muscles, bilateral positive leg lifts, significant decreased range of motion in all planes at the waist, and body habitus adds to that. Current plan of care includes medication and weight loss due to reduced ability to exercise. The Request for Authorization requested service to include Weight Loss Program QTY: 6 (months). The Utilization Review on 9-23-15 modified the request for Weight Loss Program QTY: 3 (months), per Annals of Internal Medicine, Volume 142, pages 1-42, January 2005.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program QTY: 6 (months): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." Annals of Royal College of Surgeons of England, Nov 2, 2009, "Obesity and Recovery from Low Back Pain: A Prospective Study to Investigate the Effect of Body Mass Index on Recovery from Low Back Pain".

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Obesity in Adults (US), Bethesda (MD): National Heart, Lung, and Blood Institute; 1998 Sep.

**Decision rationale:** Weight Loss Program QTY: 6 (months) is not medically necessary per the MTUS guidelines and the guidelines from the NHLBI. The MTUS states that to achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. The NHLBI states that there is strong evidence that combined interventions of a low calorie diet, increased physical activity, and behavior therapy provide the most successful therapy for weight loss and weight maintenance. The documentation does not reveal that the patient has attempted sustained weight loss attempts or sustained diet changes independently. Furthermore, the request for a period of a 6-month weight loss program would not be certified without evidence of efficacy after an initial trial of a shorter duration weight loss program. The request for a weight loss program for 6 months is not medically necessary.