

<b>Case Number:</b>	CM15-0028779		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: 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 44-year-old male, who sustained an industrial injury on July 5, 2012. The injured worker had reported a low back injury. The diagnoses have included lumbar sprain/strain, lumbar disc protrusions and lumbosacral radiculopathy. Treatment to date has included medications, radiological studies, physical therapy, lumbar epidural steroid injections and electrodiagnostic studies. Current documentation dated January 16, 2015 notes that the injured worker complained of chronic low back pain and morbid obesity. Physical examination of the lumbar spine revealed tenderness and spasms of the paravertebral muscles. Range of motion was noted to be decreased. On physical examination truncal obesity was also noted. The treating physician's recommended plan of care included physical therapy to the lumbar spine three times a week for four weeks and a supervised weight loss program to lose excessive weight and increase range of motion and functional capacity status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medically supervised weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Employee's/Patient Role.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation AETNA website [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html).

**Decision rationale:** Based on the 12/08/14 progress report provided by treating physician, the patient presents with pain to low back and right leg. The request is for Medically Supervised Weight Loss Program. Patient's diagnosis per Request for Authorization form dated 01/20/15 includes exogenous obesity, lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus, and lumbar radicular syndrome. Treatment to date has included medications, radiological studies, physical therapy, lumbar epidural steroid injections and electrodiagnostic studies. Patient's medications include Advil, Norflex and Naproxen. Patient can return to light duty work, per treater report dated 12/08/14. The MTUS Guidelines pages 46 and 47 recommend exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any exercise regimen. MTUS, ODG, and ACOEM are silent regarding the request for weight loss program. Therefore AETNA website [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html) was referenced: AETNA guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m<sup>2</sup>)". AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, [REDACTED] liquid protein meals, [REDACTED] pre-packaged foods, or phytotherapy), [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. Per progress report dated 12/08/14, treater states "the patient is a candidate for a medically supervised weight loss program. The patient would not be a candidate for surgery at this point due to extreme risk of surgery in this patient with a 48 BMI. A continued supervised physical therapy program is indicated." Physician-monitored programs are supported for those with BMI greater than 30, for which the patient qualifies as discussed by treater. However, progress reports do not define the weight loss goals, nor do they reveal any steps taken by the patient to achieve those goals. There is no mention of trialed and failed caloric restrictions, or physical activity restrictions. Furthermore, the request is open ended without a specified duration for the treatment. Therefore, this request IS NOT medically necessary.

**Physical therapy lumbar spine 3 x 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Based on the 12/08/14 progress report provided by treating physician, the patient presents with pain to low back and right leg. The request is for Physical Therapy Lumbar

Spine 3x4 Weeks. Patient's diagnosis per Request for Authorization form dated 01/20/15 includes exogenous obesity, lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus, and lumbar radicular syndrome. Treatment to date has included medications, radiological studies, physical therapy, lumbar epidural steroid injections and electrodiagnostic studies. Patient's medications include Advil, Norflex and Naproxen. Patient can return to light duty work, per treater report dated 12/08/14. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 12/08/14, treater states "the patient is a candidate for a medically supervised weight loss program. The patient would not be a candidate for surgery at this point due to extreme risk of surgery in this patient with a 48 BMI. A continued supervised physical therapy program is indicated." Given patient's continued symptoms and diagnosis, a short course of physical therapy would be indicated. However, treater has not provided a precise treatment history, and UR letter dated 01/28/15 states "the claimant has already had the recommended amount of PT." Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions exceeds what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.