

<b>Case Number:</b>	CM15-0210478		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	11/25/2011
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 49 year old individual who sustained an industrial injury on 11-25-11. A review of the medical records indicates that the worker is undergoing treatment for complex regional pain syndrome left lower extremity, allodynia, pain lower extremity, major depression-single episode moderately severe chronic and panic disorder with agoraphobia. Subjective complaints (9-2-15) include a 25 pound weight gain since injury, back pain, leg pain from buttock to the bottom of the foot, temperature changes of the foot, color changes of the left ankle and swelling. Objective findings (9-2-15) include height of 5 feet 2 inches, weight 102 pounds, lower extremity pain, hammer toes right and left, right hamstring knot, and was wearing a walking boot and (8-5-15) skin of left leg, ankle, foot and toes was thin and had decreased hair. Previous treatment includes medication and psychiatric treatment. The requested treatment of a weight reduction program was non-certified on 10-15-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reduction program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Diet Assoc. 2007 Oct; 107(10): 1755-67. Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a

minimum 1-year follow-up. Franz MJ, VanWormer JJ, Crain AL, Boucher JL, Histon T, Caplan W, Bowman JD, Pronk NP. Source Nutrition Concepts by Franz, Inc, Minneapolis, MN 55439, USA. MarionFranz@aol.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Obesity, page 320.

**Decision rationale:** Review indicates the objective findings (9-2-15) include height of 5 feet 2 inches, weight 102 pounds; however, the patient indicated "she has gained 25 pounds since her injury." Current BMI is calculated at 18.66 and is considered in a healthy weight range without clear indication for a weight loss program requested. Although MTUS/ACOEM are silent on weight loss program, the ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The fewer symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. A search on the National Guideline Clearinghouse for "Weight Loss Program" produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this chronic injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. There is no specific dated and quantified BMI or weight gain documented in comparison to initial weight at date of injury. There is no documented failed attempts at conservative approach with exercise regimen, diet modification or pharmacological intervention with clear correlating clinical pain pattern and obesity relationship established although there is no obesity identified per current provided height and weight on progress report of 9/2/15. The provider has not identified what program or any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here. The Reduction program is not medically necessary and appropriate.