

<b>Case Number:</b>	CM15-0218917		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	12/18/2003
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 41 year old female, who sustained an industrial injury on 12-18-2003. The medical records indicate that the injured worker is undergoing treatment for bilateral lumbar strain, left greater than right, with radiation into the hips, left worse than right; rule out internal derangement of the hips versus lumbar radiculopathy, chronic left knee strain, status post two arthroscopies with persistent residual, chronic right knee strain, right ankle pain, gastroesophageal reflux, secondary depression, and weight gain due to inactivity due to chronic pain and depression. According to the progress report dated 10-15-2015, the injured worker presented with complaints of low back pain with radiation into bilateral hips, left greater than right, bilateral knee pain, weight gain due to chronic pain and stress, gastrointestinal upset, and right ankle pain. On a subjective pain scale, she rates her pain 8 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation with spasm, restricted range of motion, and positive straight leg raise test, bilaterally. Examination of the left knee reveals mild swelling, slight-to-moderate tenderness to palpation over the peripatellar region, and limited range of motion. Examination of the right knee reveals slight tenderness to palpation, crepitus, and reduced range of motion. The medications prescribed are Norco, Opana, Naprosyn, Lidoderm patch, Voltaren gel, Prilosec, and Effexor. Previous diagnostic testing includes MRI studies. Treatments to date include medication management, physical therapy, TENS unit, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (10-30-2015) had non-certified a request for weight loss program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

**Decision rationale:** Pursuant to [REDACTED] (see attached link), weight loss program is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are bilateral lumbar strain, left greater than right, with radiation into the hips, left worse than right; rule out internal derangement of the hips versus lumbar radiculopathy, chronic left knee strain, status post two arthroscopies with persistent residual, chronic right knee strain, right ankle pain, gastroesophageal reflux, secondary depression, and weight gain due to inactivity due to chronic pain and depression. According to the progress report dated 10-15-2015, the injured worker presented with complaints of low back pain with radiation into bilateral hips, left greater than right, bilateral knee pain, weight gain due to chronic pain and stress, gastrointestinal upset, and right ankle pain. Date of injury is December 8, 2003. Request for authorization is October 19, 2015. According to an October 15, 2015 progress note, subjective complaints include low back pain 8/10 that radiates to the hips left greater than right. The injured worker has bilateral knee pain. Objectively, there is lumbar spasm and tenderness with decreased range of motion and positive straight raising on the right. The knees are tender. There is no height or weight documented in the medical record. There is no BMI documented in the medical record. There is no documentation of office-based attempted weight loss programs. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of attempted weight loss or lifestyle management changes and no documentation with height, weight or BMI, weight loss program is not medically necessary.