

Case Number:	CM15-0036334		
Date Assigned:	03/04/2015	Date of Injury:	10/22/2008
Decision Date:	05/22/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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: 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 46 year old female, who sustained an industrial injury on 10/22/2008. The injured worker is currently diagnosed as having obesity, spinal stenosis of the lumbar region, lumbosacral radiculitis, sleep apnea, and disorder of trunk. Treatment and diagnostics to date has included low back disc surgery, lumbar laminotomy, lumbar epidural steroid injection, and medications. In a progress note dated 02/10/2015, the injured worker presented with complaints of continued back and left leg pain. The treating physician reported requesting authorization for a medical weight loss program at [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] **Weight Loss Program:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity; <http://www.mdguidelines.com/obesity>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine- Weight Loss Programs 2013.

Decision rationale: There is no specific documentation addressed by ACOEM/MTUS Guidelines for weight loss requirements for chronic pain conditions. Per Medscape Internal Medicine weight loss is beneficial for partial relief of symptoms for patients with obesity and arthritis. The provider has not provided a specific goal for weight loss and per the documentation the patient has not undergone any counseling on lifestyle and behavioral modifications for diet and exercise recommendations. There is no documentation of previous diet therapies. There is no specific indication for the requested [REDACTED] Weight Loss Program. The claimant has a history of morbid obesity unrelated to her work related injury. Medical necessity for the requested service has not been established. The requested service is not medically necessary.