

<b>Case Number:</b>	CM15-0040689		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/07/2005
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on November 7, 2005. She reported an injury to her bilateral hips, lower back, bilateral lower extremities, neck, spinal cord, bilateral shoulders, multiple upper extremities and mental/physical issues. Treatment to date has included epidural injection, physical therapy, right total hip arthroplasty, cervical laminectomy and fusion, TENS unit, EMG/NCV, and medication. Currently, the injured worker complains of continued low back pain and bilateral lower extremity and upper extremity weakness. Utilization review modified a request for 10 weeks of participation in a ██████████ Weight Loss Program to 6 weeks with opportunity for further treatment with evidence of benefit during initial treatment.

### 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 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 Weight Loss Programs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am J Health Promot. 2010 Sep-Oct; 25 (1):26-9. doi: 10.4278/ajhp.080923-ARB-208. Weight-loss programs in convenient care clinics: a prospective cohort study. Wollner S1, Blackburn D, Spellman K, Khaodhlar L, Blackburn GL.

**Decision rationale:** It is clear and generally accepted that weight loss is beneficial in a variety of conditions, including in improving many orthopedic conditions like those in the case of this injured worker. The provided documents make note that [REDACTED] (AME in orthopedic surgery) recommended that weight loss would potentially benefit the patient with respect to her orthopedic conditions, and with a recent (two year) weight gain of 42 pounds, this seems reasonable. The patient has had success in the past losing weight with the [REDACTED] Weight Loss Program, and recent evidence supports that medical weight loss programs like the [REDACTED] program may produce medically significant weight loss. Utilization review modified the request for 10 weeks of treatment to 6 weeks with the opportunity for further treatment approval should successful weight loss be documented after the initial 6 week course. This is a reasonable approach and close follow up for evaluation of treatment efficacy is warranted. Therefore, the modified 6 week approval is appropriate, and the initial request for 10 weeks is not considered medically necessary.