

<b>Case Number:</b>	CM15-0046456		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/23/1995
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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:

This 66 year old woman sustained an industrial injury on 7/23/1995. The mechanism of injury is not detailed. Diagnoses include lumbago, lumbar facet arthropathy, lumbar spondylosis, post-laminectomy syndrome, status post bilateral medial branch block, status post bilateral facet injection, and obesity. Treatment has included oral medications and rhizotomy. Physician notes on a PR-2 dated 2/13/2015 show complaints of low back pain rated 10/10 and headaches. Recommendations include lumbar spine MRI, urine drug screening, discontinue Neurontin, refill Oxycodone, Topamax, weight loss program, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program, as an outpatient for low back pain:** 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 Medline plus (see attached link) weight loss program for low back pain 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 invention. See attached link for details. In this case, the injured worker's working diagnoses are lumbago; lumbar facet arthropathy; lumbar spondylosis; post laminectomy pain syndrome; status post bilateral median branch block at L3 - L4, L4 - L5 and L5 - S1 with 90% pain relief for four days; status post positive diagnostic facet injection at bilateral L3 - L4, L4 - L5 and L5 - S1; and obesity. Pursuant to a progress note dated February 13, 2015, the documentation indicates the injured worker has ongoing low back pain radiating to the right leg. The treating provider feels the obesity may be contributing to the injured worker's low back pain. There is no height and weight documented in the medical record. There are no attempts at weight loss documented in the medical record. There is no exercise program documented in the medical record. According to the peer-reviewed evidence-based guidelines, 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 invention. Consequently, absent clinical documentation of weight and height (BMI), attempted weight loss and exercise program in conjunction with the recommended guidelines, weight loss program as an outpatient for low back pain is not medically necessary.