

<b>Case Number:</b>	CM15-0047397		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/18/2003
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, Pain Management

### 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 40 year old, female patient, who sustained an industrial injury on 12/18/2003. A primary treating office visit dated 02/03/2015, reported current complaints of low back pain with radiation to the hips, left greater than right; bilateral knee pain with difficulty squatting; continues with difficulty of weight gain and chronic stress; gastrointestinal upset due to medications and right ankle pain. Of note, a gastrointestinal consultation is pending. She has a history of lumbar spine pain and bilateral knee pain; left greater. The plan of care involved a re-recommendation for Visco knee injections along with obtaining a magnetic resonance imaging of lumbar spine. She will continue to utilize the transcutaneous electric nerve stimulator unit and both knee/ankle braces. Re-recommending a weight loss program. Physical examination found a straight leg raise test positive on the left at 60 degrees and on the right at 70 degrees producing left posterior thigh calf, and foot pain, on the right it only produces buttock and posterior thigh pain. Her left hip had tenderness to palpation and a positive Patrick's sign bilaterally. The left knee showed mild swelling and palpation showed light to moderate tenderness of the peripatellar region, medial joint line and to lesser tenderness of the lateral joint line. Right knee negative; benign. The following diagnoses are applied: bilateral lumbar strain, left greater with radiation to hips, left worse; rule out internal derangement of hips versus lumbar radiculopathy. Left knee strain, chronic status post two arthroscopies with persistent residual. Right knee strain, chronic. Gastrosophageal reflux, irritable bowel syndrome, secondary depression, weight gain and right ankle pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program such as [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>).

**Decision rationale:** Regarding the request for a weight loss program, CA MTUS and ODG do not address the issue. A search of the National Library of identified an article entitled "Systematic review: an evaluation of major commercial weight loss programs in the United States." This article noted that, with the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. In light of the above issues, the currently requested weight loss program is not medically necessary.