

Case Number:	CM15-0050688		
Date Assigned:	03/24/2015	Date of Injury:	09/09/2010
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

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 43-year-old male, who sustained an industrial injury on September 9, 2010. He has reported lower back pain and bilateral leg pain. Diagnoses have included spondylolisthesis, spinal stenosis, lower back pain, and sciatica. Treatment to date has included medications, physical therapy, spinal fusion, and imaging studies. A progress note dated January 12, 2015 indicates a chief complaint of lower back pain and bilateral lower extremity sciatica. The treating physician is requesting approval for a 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 5.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. *Ann Intern Med.* 2005;142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005;353 (20):2111-2120.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain with lower extremity radiating symptoms. The treating provider documents a 75-pound weight gain since injury and the claimant's BMI is over 30. In terms of weight loss, controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non-supervised weight loss program including a low calorie diet and increased physical activity. Therefore, the requested weight loss program is not medically necessary.