

<b>Case Number:</b>	CM15-0087049		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 44 year old female, who sustained an industrial injury on 12/16/2009. She reported a trip and fall, landing on her right side. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, sacroiliitis not elsewhere classified, and lumbosacral radiculopathy. Treatment to date has included diagnostics, physical therapy, pool therapy, lumbar epidural injections, and medications. Gastric bypass surgery was noted in 2005. Currently, the injured worker reported improvement in her right sided hip and right low back pain, following sacroiliac joint injection on 2/04/2015. She reported being able to ambulate for longer periods but reported pain recurring slowly. She was seen by [REDACTED] for evaluation in 7/2014 and indicated that further authorization would need to be obtained. Her current height was 5'7" and weight was 340 pounds. Prior to industrial injury her weight was approximately 200 pounds. It was documented that she attempted excessive diet modifications and had difficulty exercising due to industrial injury. The treatment plan included [REDACTED] for 10 weeks, with the appropriate modalities as determined by the clinic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program with [REDACTED] X 10 weeks with appropriate modalities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Employee's/Patient's Role.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor - Chapter, Obesity.

**Decision rationale:** MTUS treatment guidelines do not specifically talk about weight loss program. Therefore, other guidelines were used in this review to this specific case, and the clinical documents were reviewed. The Medical Disability Advisor Guidelines were used. While calorie restriction is recommended, and encouraged, there is no specific guideline for weight loss programs. Therefore, a specific program is not recommended. Accepting self-responsibility is the goal of the ACOEM guidelines. If the injured patient wants to attend a weight loss program, they can. There is no rationale as to why this needs to be provided, as it is not medical care. According to the clinical documentation provided and current guidelines; a Weight Loss Program is not indicated as a medical necessity to the patient at this time.