

<b>Case Number:</b>	CM14-0115960		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a male patient with the date of injury of May 20, 2011. A Utilization Review was performed on June 30, 2014 and recommended non-certification of a weight reduction program. A Progress Report dated June 17, 2014 identifies Current Complaints of chronic headaches, as well as neck pain. Physical Examination identifies tenderness noted of the cervical paraspinal muscles, right upper trapezius. Impression identifies closed head injury with concussion, laceration to the vertical scalp requiring six staples to control, cervical strain with cervical disc disease and cervical spine surgery, and muscle contraction and vascular headaches. Discussion identifies request authorization for a weight reduction program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight reduction program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes, Lifestyle

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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 reduction 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 Weight Watchers, 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 reduction program is not medically necessary.