

<b>Case Number:</b>	CM14-0120742		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/15/2000
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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:

The injured worker is a 44-year-old male who reported an injury on 07/15/2000. The mechanism of injury was not provided. On 05/06/2014, the injured worker presented with pain to the neck. The diagnoses were bipolar disorder and anxiety disorder due to general medical condition and pain. A physical examination was not provided. Prior therapy included psychotherapy, pain management program, group therapy, and medications. The provider recommended weight management sessions. The provider stated the injured worker needed structure to help weight loss. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown weight management sessions between 6/30/2014 and 9/14/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow, Barry P, Fitterman N, Qaseern A, Weiss K., Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Lifestyle Modifications.

**Decision rationale:** The Official Disability Guidelines recommend a lifestyle modification of diet and exercise as a first line intervention. Modified diet and an active lifestyle can have major benefits. The documentation does not indicate the injured worker has tried and failed with personal diet and lifestyle modifications to warrant enrollment in a structured weight loss program. As such, the request is not medically necessary.