

<b>Case Number:</b>	CM14-0123697		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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:

This is a 43 year old female with an 8/9/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/9/14 noted subjective complaints of difficulty with sitting, standing, and walking. Objective findings included the patient being significantly overweight. The provider report requests [REDACTED] weight loss program to reduce patient's weight as this would help the patient's knee complaints. Diagnostic Impression: cervical radiculopathy, anxiety disorder, depressive disorder Treatment to Date: physical therapy, acupuncture, medication management A UR decision dated 7/31/14 denied the request for weight loss program with [REDACTED]. Non-surgical services in connection with the treatment of obesity are covered when such services are an integral and necessary part of a course of treatment for specific medical conditions. As there was no significant medical history of these disorders provided in addition to the musculoskeletal diagnoses, the request does not satisfy guideline requirements.

### 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] Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS (Centers for Medicare & Medicaid Service Article 40.5, Treatment of Obesity (Rev 54, Issued: 4-28-06, Effective: 2/21/06, Implementation: 5/30/06 Carrier/10-02.06 F1)

**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: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

**Decision rationale:** The CA MTUS and ODG do not address this issue. Referencing Aetna policies and an online literature search, physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. However, there is no connection between the obesity and the industrial injury or its treatment. There is no documentation that the patient has failed a self-directed home exercise/weight loss program. There is no documentation of the aforementioned comorbid conditions such as coronary artery disease or hypertension. Therefore, the request for weight loss program with Lindora was not medically necessary.