

<b>Case Number:</b>	CM14-0145055		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Occupational Medicine 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 claimant was injured on 11/24/10. A [REDACTED] weight loss program has been recommended and is under review. He injured his ears, low back, neck disk, and lumbar/sacral vertebrae but the mechanism of injury is not stated. He had gained weight of 30-40 pounds and was on seizure medications and depressed and was working with a psychologist about his suicidal ideation. He is 6 foot 5 inches tall and weighs 246 pounds with a BMI of 29.2. He had restricted lumbar motion and tenderness when he saw [REDACTED] on 08/11/14. He also had weakness of the right tibialis anterior and EHL and decreased sensation of the right L5 dermatome with spasms and guarding. Physical therapy was recommended along with a [REDACTED] weight loss program. On 02/26/14, he was evaluated and still had ongoing low back pain. Another surgery scheduled for an abdominal wall problem which is not identified. Due to extensive abdominal work and surgeries, he was deconditioned. PT was recommended for core stabilization. On 04/09/14, he was seen for numbness in his right foot. He was expected to undergo another GI procedure including adhesiolysis of a partial bowel obstruction. Mesh was extruding through the skin and needed to be excised. He had not pursued the PT due to his MRI findings. His BMI was unchanged. PT was again recommended. On 06/30/14, he reportedly was expected to start PT but had seizures during an upper and lower endoscopic examination and was seeing a neurologist. He never got the PT. BMI was the same. PT was again recommended. On 08/11/14, he still had persistent low back pain and was frustrated and depressed and was seeing a psychologist. He wanted to try a [REDACTED] program to get back to his normal weight. On 09/22/14, he had received clearance for PT but the weight loss program had been denied. His BMI was the same. He was to proceed with PT.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines: Clinician Supervision of Weight loss Program

**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: Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, Kaufman T, Kennedy E, Kestenbaum C, Lano M, Leslie D, Newell T, O'Connor P, Slusarek B, Spaniol A, Stovitz S, Webb B. Prevention and management of obesity for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 May.

**Decision rationale:** The history and documentation do not objectively support the request for the ██████████ Weight Loss program prior to a trial of weight loss via diet and exercise. The MTUS and ODG do not address this type of program and the listed guideline states "The clinician should follow the 5 A's (Ask, Advise, Assess, Assist, Arrange). Clinician intervention can be effective and influential, and successful management is possible. ASK about weight, measure height and weight and calculate BMI. ADVISE to lose weight. In a clear, strong, but sensitive and personalized manner, urge every overweight or obese patient to lose weight. ASSESS readiness to lose weight. Ask every overweight or obese patient if he or she is ready to make a weight loss attempt at the time (e.g., within the next 30 days). ASSIST in weight-loss attempt. Help the patient with a weight loss plan. Refer to appropriate resources ARRANGE follow-up. Schedule follow-up contact, either in person or via telephone. "There is no evidence that the treating provider has address the 5 A's or that the claimant has tried diet and exercise and failed to lose weight. His weight has been stable over a number of months and he does not appear to be gaining more weight even though it appears that he has not been exercising. His motivation to lose weight has not been addressed, other than that he wants to get back to his regular weight. He has not been doing PT so it is not clear whether he has tried to exercise for weight loss prior to trying a formal supervised program of this type. The medical necessity of this request for the ██████████ weight loss program has not been clearly demonstrated.