

<b>Case Number:</b>	CM14-0160889		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 40-year-old male with a 2/9/13 date of injury. At the time (8/28/14) of the request for authorization for weight loss program, quantity 3 months, there is documentation of subjective (neck pain, bilateral wrist/hand pain, low back pain, and bilateral knee pain) and objective (BMI of 34.4, tenderness to palpation over the cervical midline, pain with flexion and extension, left knee tenderness to palpation over the medial joint line and crepitus) findings, current diagnoses (cervical spine mild multi-level degenerative disc disease, left wrist carpal tunnel syndrome, lumbar spine sprain/strain, lumbar spine with presence of neurogenic units in the left lateral gastrocnemius muscle, lumbar spine multilevel degenerative disk disease, left knee mild patellar tendinosis, and possible sleep disorder), and treatment to date (medication). There is no documentation of a documented history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 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).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program, quantity 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html)

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a documented history of failure to maintain 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, as criteria to support the medical necessity of a weight reduction program. Within the medical information available for review, there is documentation of diagnoses of cervical spine mild multi-level degenerative disc disease, left wrist carpal tunnel syndrome, lumbar spine sprain/strain, lumbar spine with presence of neurogenic units in the left lateral gastrocnemius muscle, lumbar spine multilevel degenerative disk disease, left knee mild patellar tendinosis, and possible sleep disorder. In addition, there is documentation of a BMI equal to 30 kg/m. However, there is no documentation of a documented history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 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. Therefore, based on guidelines and a review of the evidence, the request for weight loss program, quantity 3 months is not medically necessary.