

<b>Case Number:</b>	CM14-0163325		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/24/1999
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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:

Patient is a 50 year-old female with date of injury 11/24/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/08/2014, lists subjective complaints as low back pain. Objective findings: Examination of the lumbar spine revealed spasm and tenderness of the paravertebral musculature with decreased range of motion. Gait was normal. Diagnosis: 1. History of lumbar surgery 2. Residual chronic pain, lumbar 3. Lumbar radiculopathy 4. History of neuromodulation implantation 5. Obesity. Patient underwent gastric bypass surgery (date not provided) and lost 100 pounds, but remains overweight.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program; [REDACTED] for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**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: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039, last reviewed: 03/21/2014

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on the topic of medical weight loss programs. The Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs was referenced in regard to the request. This policy is supported by NHLBI Guidelines on Diagnosis and Management of Obesity. Aetna considers the following medically necessary treatment of obesity when criteria are met: 1. Weight reduction medications, and 2. Clinician supervision of weight reduction programs. The request does not contain documentation that the above criteria are met. Therefore, the request for Weight loss program; [REDACTED] for 3 months is not medically necessary and appropriate.

**Twelve (12) Physical Therapy sessions for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement from the extensive amount of physical therapy the patient has already undergone. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone over 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Therefore, the request for twelve (12) Physical Therapy sessions for lumbar spine is not medically necessary and appropriate.