

<b>Case Number:</b>	CM14-0083523		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/19/2002
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Nevada. 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 52-year-old female who was reportedly injured on April 19, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 8, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated a positive straight leg raise test at 40 bilaterally and decreased sensation along the lateral aspect of the bilateral thighs. Diagnostic imaging studies of the lumbar spine shows bilateral facet arthropathy at L4 - L5 with traversing nerve root compromise. Previous treatment includes a lumbar epidural steroid injection. A request was made for fifth weight loss series and was not certified in the pre-authorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fifth weight loss series:** 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 Meta-analysis of the Efficacy of Weight Loss Programs, (Tsai and Wilson, 2005).

**Decision rationale:** Weight loss is a lifestyle issue that relates to calories consumed in calories expended. Counseling for diet and exercise as well as behavioral therapies are the mainstays of treatment of obesity. The injured employee should be monitored for several weeks for compliance and effectiveness of a self motivated weight loss program. However, weight loss is not considered a medical necessity. As such, the request is not medically necessary and appropriate.