

<b>Case Number:</b>	CM14-0096442		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 40 year old female whose date of injury is 06/08/2003. The injured worker was walking a horse through a tunnel to the track when the horse dropped the shoulder, spun and ran away. The force of the horse knocked her down and she noted pain in her low back/sacroiliac joint. Diagnosis is post laminectomy syndrome. Treatment to date includes spine surgery x 6, medication management, left ankle surgery and morphine pump. The injured worker has body mass index of 35.

### 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 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: Aetna clinical policy bulletin: Weight Reduction Medications and Programs

**Decision rationale:** The submitted records fail to document that diet and independent exercise have been tried and failed. Additionally, there are no measurable goals and objectives submitted for review. Given the current clinical data, medical necessity of the requested weight loss

program is not established. Based on the clinical information provided, the request for weight loss program is not recommended as medically necessary.