

<b>Case Number:</b>	CM15-0010237		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female, who sustained a work/ industrial injury on 5/18/12. Mechanism of injury was not documented. She has reported symptoms of low back pain, leg pain (L>R), and neuropathic pain with burning sensation. Prior medical history includes severe depression, hypertension, and recent migraines. Surgery included microdiscectomy (2007), left L4-5 and L5-S1 discectomy (11/12/13). There was pain upon palpation over the L4-5 area with spasm, limited range of motion, absent left Achilles tendon reflex, positive straight leg raises, and positive FABER (flexion, abduction, an external rotation). The diagnoses have included discogenic pain, depression, retrolisthesis and spondylolisthesis at L4-5; moderate to severe foraminal stenosis bilaterally at L4-5 and L5-S1 with facet arthropathy; neuropathic pain with radicular symptoms, gastritis, left sacrolitis. Diagnostics included Magnetic Resonance Imaging (MRI) that noted retrolisthesis, disc bulge and narrowing of the disc space and the electromyogram (EMG/NCV) was normal. Treatment to date has included mediation and steroid injection. Medications included Norco, Celexa, Omeprazole, Colace, Lyrica, and Famotidine. A request was made for weight management program due to inactivity and significant weight gain. On 12/17/14, Utilization Review non-certified Weight Management Program, noting the CMS Treatment of Obesity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Management Program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5, Treatment of Obesity, ( Rev. 54, Issued: 04-28-06, Effective: 02-21-08, Implementation: 05-30-06 Carrier/10-02-06FI) Weight Loss Program

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines on Clinician Supervision of Weight Reduction Programs

**Decision rationale:** The patient presents with pain affecting the back, and bilateral leg. The current request is for Weight Management Program. The treating physician report dated 12/8/14 (31C) states, The patient reports to me today that he has significant weight gain. I do feel that that should be treated on an industrial basis because his back injury due to the fact that he is not active and has gained weight. MTUS/ACOEM Guidelines and ODG do not specifically address weight loss programs. AETNA guidelines on Clinician Supervision of Weight Reduction Programs allows up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese as determined by BMI. The following services are considered medically necessary for the evaluation of overweight or obese individuals: Complete blood count, Comprehensive history and physical examination, Dexamethasone suppression test and 24-hour urinary free cortisol measures if symptoms suggest Cushing's syndrome, Electrocardiogram (EKG) adult, Glucose tolerance test (GTT), Hand x-ray for bone age child, Lipid profile (total cholesterol, HDL-C, LDL-C, triglycerides), Metabolic and chemistry profile (serum chemistries, liver tests, uric acid) (SMA 20), Thyroid function tests (T3, T4, TSH), and Urinalysis.? In this case, other than patient's subjective complaint and observations on the patient's general appearance from the treating physician, no discussion or documentation of Body Mass Index or the above services has been provided in the medical reports reviewed. Furthermore, there was no description of what weight loss program the patient would be attending, nor was there any discussion of a quantity of visits to be authorized. There has not been enough information provided to meet guideline criteria, recommendation is for denial.