

<b>Case Number:</b>	CM15-0011076		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44-year-old female reported a work-related injury on 3/10/2006. According to the progress report from the treating provider dated 1/30/2015, the injured worker reports chronic left shoulder pain. The utilization review dated 1/27/2015 states the injured worker is 4 feet 9 inches tall and weighs 215 pounds; her BMI is 46.5, which indicates morbid obesity. The diagnoses include pain in the shoulder joint, lumbar/lumbosacral disc degeneration, neck pain and carpal tunnel syndrome. Previous treatments include medications, H-wave therapy, physical therapy, trigger point injections, acupuncture, massage therapy and surgery. The treating provider requests weight loss program. The Utilization Review on 1/19/2015 non-certified the request for weight loss program, citing Medical Disability Advisor by Presley Reed, MD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: UptoDate.com, Obesity in adults: Overview of management

**Decision rationale:** MTUS is silent specifically regarding medical weight loss programs. Uptodate states, "Overweight is defined as a BMI of 25 to 29.9 kg/m<sup>2</sup>; obesity is defined as a BMI of - 30 kg/m<sup>2</sup>. Severe obesity is defined as a BMI - 40 kg/m<sup>2</sup> (or 35 kg/m<sup>2</sup> in the presence of comorbidities)." Additionally, "Assessment of an individual's overall risk status includes determining the degree of overweight (body mass index [BMI]), the presence of abdominal obesity (waist circumference), and the presence of cardiovascular risk factors (eg, hypertension, diabetes, dyslipidemia) or comorbidities (eg, sleep apnea, nonalcoholic fatty liver disease). The relationship between BMI and risk allows identification of patients to target for weight loss intervention (algorithm 1). There are few data to support specific targets, and the approach described below is based upon clinical experience." "All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight loss. For individuals with a BMI - 30 kg/m<sup>2</sup> or a BMI of 27 to 29.9 kg/m<sup>2</sup> with comorbidities, who have failed to achieve weight loss goals through diet and exercise alone, we suggest pharmacologic therapy be added to lifestyle intervention. For patients with BMI - 40 kg/m<sup>2</sup> who have failed diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI >35 kg/m<sup>2</sup> with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the procedure." "The patient has a calculated BMI of 46.5, which would be considered severely obese. The treating physician writes that the patient is unable to make any progress with weight loss on her own. As such, the request for weight loss program is medically necessary.