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| <b>Case Number:</b>   | CM15-0012694 |                              |            |
| <b>Date Assigned:</b> | 01/30/2015   | <b>Date of Injury:</b>       | 08/21/1999 |
| <b>Decision Date:</b> | 03/23/2015   | <b>UR Denial Date:</b>       | 12/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/22/2015 |

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on 8/21/1999. The diagnoses have included L4-L5 and L5-S1 disc protrusions, bilateral lower extremities L5-S1 radiculopathy and degenerative disc disease in the lumbosacral spine and obesity. Treatment to date has included epidural steroid injection (ESI) and pain medications. According to an office visit dated 6/20/2014, the injured worker presented for weight loss. He had gained over forty pounds. Current weight was 231 pounds. He had reduced energy, increased fatigue and had started taking insulin for diabetes. An active supervised exercise program and weight loss management was recommended. According to the Primary Treating Physician's Progress Report dated 9/26/2014, the injured worker complained of constant low back pain with radiation to the bilateral lower extremities, specifically down to the hips with associated numbness and tingling sensation. The review of systems noted no unexpected weight gain or weight loss. Current weight was 232 pounds. The injured worker was advised to continue to participate in his home exercise program and ██████████ Weight Loss Program. Authorization was requested for the ██████████ Weight Loss Program. Per the progress note dated 11/5/2014, the injured worker complained of low back pain, anxiety and depression. The injured worker was 68 inches tall and weighed 233 pounds with a body mass index of 36. Work status was temporarily totally disabled. On 12/31/2014 Utilization Review (UR) non-certified a request for a ██████████ Weight Loss Program. UR documented to refer to clinical judgment, no guidelines were cited.

### 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 Medical Disability Advisor, Chapter Obesity

**Decision rationale:** MTUS treatment guidelines do not specifically talk about weight loss program. Therefore, other guidelines were used in this review to this specific case, and the clinical documents were reviewed. The Medical Disability Guidelines were used. While calorie restriction is recommended, and encouraged, there is no specific guideline for weight loss programs. Therefore, a specific program is not recommended. Accepting self-responsibility is the goal of the ACOEM guidelines. If the injured patient wants to attend a weight loss program, they can. There is no rationale as to why this needs to be provided, as it is not medical care. According to the clinical documentation provided and current guidelines; a Weight Loss Program is not indicated as a medical necessity to the patient at this time.