

<b>Case Number:</b>	CM15-0017712		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	12/15/2005
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 47 year old male, who sustained an industrial injury on December 15, 2005. He has reported neck pain, headache, right shoulder pain, right elbow pain, left shoulder pain, and lower back pain. The diagnoses have included chronic cervical spine pain with degenerative disc disease and spondylosis, chronic cervicogenic headaches and migraines, lower back pain, degenerative arthritis of the lumbosacral spine with intermittent radicular symptoms, insomnia, obesity, and pain induced depression. Treatment to date has included medications, physical therapy, multiple injections, multiple surgeries, nerve root block, facet blocks, medical branch blocks, use of a cane, and imaging studies. A progress note dated January 7, 2015 indicates a chief complaint of continued neck pain, lower back pain, and headaches. Physical examination showed cervical spine tenderness to palpation with decreased range of motion secondary to pain, and lumbar spine tenderness to palpation with decreased range of motion. The treating physician is requesting an outpatient weight reduction program and noted that the injured worker is unable to exercise due to pain. On January 20, 2015 Utilization Review denied the request for the outpatient weight reduction program citing non- MTUS, ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient weight reduction program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Clearinghouse, Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines on Weight loss program: ([http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html))

**Decision rationale:** The patient presents with severe neck pain associated with headaches and low back pain. The current request is for Outpatient weight reduction program. The treating physician states, "I believe the patient is gaining weight because of chronic pain and not able to exercise. So with reduction of the weight, the patient will benefit from decreasing the pain and able to exercise more to." (B.106) Regarding weight loss programs, MTUS and ODG Guidelines do not provide a discussion. AETNA guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI  $\geq 30$  kg/m<sup>2</sup>\*\*)." AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, Optifast liquid protein meals, NutriSystem pre-packaged foods, or phytotherapy), Weight Watchers, Jenny Craig, Diet Center, Zone diet, or similar programs. In this case, the treating physician does not indicate that the weight loss program would be medically supervised. It does however state, it would be an "outpatient weight reduction program." In reviewing the documentation provided, there is no indication of the patient's BMI. AETNA guidelines state that BMI must be documented as well as the program must be medically supervised. The current request is not medically necessary and the recommendation is for denial.