

Case Number:	CM15-0114451		
Date Assigned:	06/22/2015	Date of Injury:	01/14/1997
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male who sustained an industrial injury on 01/14/1997. Current diagnoses include lumbar radiculopathy and lumbar spine strain. Previous treatments included medications and home exercise program. Previous diagnostic studies include a urine toxicology screenings. Report dated 04/21/2015 noted that the injured worker presented with complaints that included worsening pain, gained 40-50 lbs since injury, right lower extremity pain, and upper back and neck pain. Pain level was not included. Physical examination was positive for stiffness in the cervical spine and lumbar spine, and partial right drop foot. The treatment plan included continuing home exercises and daily walks, needs weight reduction (), home attendant 3 hours per day, and renewed Vicodin and Soma. Disputed treatments include weight reduction program ().

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight reduction 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 (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. *Ann Intern Med.* 2005;142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005; 353 (20): 2111-2120.

Decision rationale: The claimant sustained a work injury and January 1997 and continues to be treated for back and right lower extremity pain. When seen, there had been a 40-50 pound weight gain since his injury. Physical examination findings included cervical and lumbar spine stiffness and a partial right foot drop. In terms of weight loss, controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non-supervised weight loss program including a low calorie diet and increased physical activity, which might include a trial of pool therapy. The requested weight loss program is not medically necessary.