

<b>Case Number:</b>	CM15-0118560		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: North Carolina

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 44-year-old female, who sustained an industrial injury on 10/23/2013, after a slip and fall onto her back. The injured worker was diagnosed as having status post bilateral L5-S1 laminectomies and persistent back pain with radiculopathy. Treatment to date has included diagnostics, lumbar spinal surgery (6/2014), and medications. Currently (6/02/2015), the injured worker complains of back and left leg pain. Her medications included Hydrocodeone, Phentermine, fiber, vitamin, and a stool softener. Her height was 65 inches and her weight was 250 pounds. She was limited in her activities of daily living and was mostly in bed. She stated that Phentermine was not working and her weight was not changed. Her work status was temporary partial disability. The treatment plan included a weight loss program. The previous progress report (5/07/2015), noted a current weight loss program with weight loss of approximately 50 pounds.

### 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 NIH, weight loss.

**Decision rationale:** The California MTUS, the ACOEM and the ODG do not specifically address the requested service. Per the NIH recommendations, weight loss should be considered to: 1. Lower blood pressure. 2. Lower elevated levels of total cholesterol, LDL and triglycerides. 3. Lower elevated levels of blood glucose levels. 4. Use BMI to estimate relative risk of disease. 5. Follow BMI during weight loss. 6. Measurement of waist circumference. 7. Initial goal should be to reduce body weight by 10%. 8. Weight loss should be 1-2 pounds per week for an initial period of 6 months. 9. Low calorie diet with reduction of fats is recommended. 10. An individual diet that is helped to create a deficit of 500-1000 kcal/day should be used. 11. Physical activity should be part of any weight loss program. 12. Behavioral therapy is a useful adjunct when incorporated into treatment. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there are no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore, there is no way to see if the requested program meets NIH standards. Therefore, the request is not medically necessary.