

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0176313 |                              |            |
| <b>Date Assigned:</b> | 09/17/2015   | <b>Date of Injury:</b>       | 11/25/2008 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 08/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2015 |

### 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: Texas, California

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 60-year-old, male who sustained a work related injury on 11-25-08. The diagnoses have included acquired spondylolisthesis, stenosis lumbar spine and chronic pain. He is being treated for low back pain. Treatments have included oral medications, lumbar epidural steroid injections (some relief), ice therapy, rest, and 6 sessions of acupuncture (some benefit). Current medications include Cyclobenzaprine, Ambien, Tramadol, and Morphine Sulfate ER, Centrum tablet, Vitamin C and Selenium Sulfide powder. In the progress notes dated 8-5-15, the injured worker reports lower back pain with radiation to his left leg. He rates the pain 6-8 out of 10. He "denies acute changes in his pain." He states the pain is "worse" with activity. He occasionally loses his balance. A request for a medically supervised weight loss program was made at his last visit. It is still pending authorization. Upon physical exam, he is found to be moderately obese. There is insufficient documentation of other methods of weight loss the injured worker may have tried. He is not working. The treatment plan includes follow-up on weight loss program authorization and refills of medications. The patient had received an unspecified number of PT visits for this injury. Per the note dated 9/16/15, the patient had complaints of low back pain with radiation in lower extremity at 5-7/10. Physical examination of the low back revealed muscle spasm, 5/5 strength, normal sensation, normal gait and reflexes. The patient has had MRI of the lumbar spine on 2/18/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. Patient had received lumbar ESI for this injury. The patient has had history of difficulty in sleeping. The patient has had surgical consultation

on 6/29/15 lumbar spondylolisthesis, bilateral lower. Extremity weakness, and bladder incontinence and patient were recommended for lumbar fusion surgery. Patient was interested in losing his weight for low back pain and had tried diet, calorie restriction and exercise. The patient has a BMI of 31.3 and had history of HTN.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Medically Supervised 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 Official Disability Guidelines (ODG) Low Back (updated 09/22/15) Gym memberships and Other Medical Treatment Guidelines PubMed Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Snow V, Barry P, Fitterman N, Qaseem A, Weiss K, Clinical Efficacy Assessment Subcommittee of the American College of Physicians Ann Intern Med. 2005; 142 (7): 525.

**Decision rationale:** Medically Supervised Weight Loss Program. ACOEM/CA MTUS and ODG do not specifically address weight loss program. Per the cited guidelines "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatment for obesity involves either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline-Joint Position Statement on Obesity in Older Adults "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients." The records provided do not provide detailed information about the patient's dietary history Tests for medical conditions contributing to his inability to lose weight like hypothyroidism are not specified in the records provided. Medications that may be contributing to his weight gain are not specified in the records provided. Possible psychiatric co morbidities like depression or bulimia that may be contributing to the patients weight gain are not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A detailed response to this conservative treatment was not specified in the records provided. The medical necessity of the request for Medically Supervised Weight Loss Program is not medically necessary in this patient.

