

<b>Case Number:</b>	CM15-0066718		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old man sustained an industrial injury on 4/26/2011. The mechanism of injury is not detailed. Evaluations include electromyogram/nerve conductions studies of the lumbar spine and bilateral lower extremities dated 4/4/2013, lumbar spine MRI dated 3/11/2013, and right hand MRI dated 7/20/2011. Diagnoses include cervical spine herniated nucleus pulposus, post-operative right carpal tunnel syndrome, shoulder impingement, lumbar spine herniated nucleus pulposus, costochondritis, secondary stress, anxiety, depression, and sleep deprivation. Treatment has included oral medications and physical therapy. Physician notes dated 3/2/2015 show complaints of chronic low back pain, bilateral upper extremity and hand pain, right shoulder pain, neck pain, lung and chest pain, anxiety and sleep deprivation. Recommendations include supervised weight loss program, ear nose and throat specialist evaluation, and gastrointestinal specialist evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supervised weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries, Medical Aid Rules & Fee Schedules Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

**Decision rationale:** Pursuant to Medline plus (see attached link), supervised weight loss program is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are cervical spine herniated nucleus pulposus; postoperative right carpal tunnel syndrome; shoulder impingement; lumbar spine herniated nucleus pulposus; costochondritis; secondary stress, anxiety and depression; and secondary sleep deprivation. The documentation indicates three weeks post injury the injured worker weighed 177 pounds and had a BMI of 34.5 and a diagnosis of obesity class I. In a March 2, 2015 progress note, the documentation indicates the injured worker attempted weight loss with calorie restriction that was unsuccessful. There is no documentation of the specific plan, other than calorie restriction, in the medical record. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. There is no objective documentation indicating the injured worker is non-ambulatory. There is no serial documentation in the medical record indicating an active weight loss program (by the injured worker) took place. Consequently, absent clinical documentation of dramatic weight gain post injury (three weeks post injury the injured worker's weight was 177 pounds with a BMI of 34.5) and documentation of a weight loss program (on behalf of the injured worker), supervised weight loss program is not medically necessary.