

<b>Case Number:</b>	CM15-0067344		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 41-year-old male who sustained an industrial injury on 9/2/2013. His diagnoses, and/or impressions, included cervical and lumbar disc disease with cervical and lumbar radiculopathy; lumbar facet syndrome; and left sacroiliac joint disease. No current magnetic resonance imaging studies are noted. His treatments have included lumbar transforaminal epidural steroid injections on 2/16/2015 & on 3/18/2015 - with no significant improvement; orthopedic spine surgeon evaluation; a home exercise program; urine toxicology screenings; and medication management. Progress notes of 3/18/2015 reported moderate-severe lumbar spine pain across his back that shoots/radiates down into the bilateral lower extremities, and made better by medications; moderate-severe radiating neck pain to the bilateral upper extremities, and associated with numbness/tingling; and the gaining of 63 pounds since the injury with unsuccessful attempts to change his diet and exercise to lose weight. The physician's requests for treatments were noted to include a recommendation for a weight-loss program, preferably [REDACTED], which is medically supervised, [REDACTED] or [REDACTED], since he has gained 63 pounds since the injury and this is creating pressure on his lumbar spine. The patient has had BMI of 39. The patient has had MRI of the lumbar spine on 2/26/14 that revealed disc bulge. Per the doctor's note, dated 2/23/15 patient had complaints of low back pain and muscle spasm and radiation of pain in the left LE at 6-7/10. The patient has had weight gain, joint pain and numbness. Physical examination of the low back revealed positive SLR and limited range of motion. The patient had received lumbar ESI on 2/16/15. Patient has received an

unspecified number of PT and chiropractic visits for this injury. The medication list includes Norco.

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

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

**weight loss program x10 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the annals of internal medicine.

**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 04/29/15) 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:** Request: weight loss program x10 weeks. 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 current body mass index and dietary history for this patient. Tests for medical conditions contributing to his inability to lose weight like hypothyroidism are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the pts weight gain are not specified in the records provided. The patient has received an unspecified number of PT and chiropractic visits for this injury. Detailed response to this

conservative treatment was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for [REDACTED] weight loss program x 10 weeks is not fully established in this patient.