

<b>Case Number:</b>	CM15-0096939		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	12/01/2007
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old female who sustained an industrial injury on December 1, 2007. She has reported bilateral carpal tunnel release and low back pain and has been diagnosed with herniated nucleus pulposus L5-S1 intervertebral disc radiculopathy upper extremity and lower extremity, cervical spine sprain thoracic spine sprain, chronic right shoulder sprain, bursitis right shoulder, chronic recurrent fxor ten wrists, and bilateral carpal tunnel surgery, status post bilateral carpal tunnel release. Treatment has included medication, surgery, and splinting. Subjective complaints noted bilateral carpal tunnel release and herniated nucleus pulposus lower back. Objective findings noted medications for lower back pain. The treatment plan included a weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) [REDACTED] weight loss program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), page 99; Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs. Number: 0039 (<http://www.█.com/lhc-riteaid.aspx>).

**Decision rationale:** Based on the 4/28/15 progress report provided by the treating physician, this patient presents with low back pain. The treater has asked for ONE █ WEIGHT LOSS PROGRAM on 4/28/15. The treater states: "needs █ for weight loss 250 lbs at 5'4" per 4/28/15 report. The patient's diagnosis per request for authorization form dated 5/1/15 is HNP L5-S1 intervertebral disc. The patient is s/p bilateral CT release. The patient has not had prior surgeries for the lumbar in the given documentation. The patient weighs 250 pounds per 2/23/15 report. The patient is currently doing a home exercise program per 2/23/15 report. The patient is currently working per 4/28/15 report. MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The █ weight program is a medically supervised program (<http://www.█.com/lhc-riteaid.aspx>) MTUS, ODG, and ACOEM are silent on this particular weight loss program. AETNA website ([aetna.com/cpb/medical/data/1\\_99/0039.html](http://aetna.com/cpb/medical/data/1_99/0039.html)) was referred. AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. In this case, the provider is requesting a medically supervised █ weight loss program to resolve this patient's obesity. Per 4/28/15 progress note, patient is 250 pounds and is 5 feet and 4 inches tall; a calculated BMI of 42.9 meeting obesity criteria. However, the progress reports do not reveal any steps taken by the patient to achieve weight loss goals; such as caloric restriction or increased physical activity. There is no stated number of sessions to be attended and there is no stated end-point or goal weight set. Without evidence that this patient has attempted and failed self-directed weight loss, or a specific number of weight loss sessions to be undertaken with a clearly stated end-point or goal, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.