

<b>Case Number:</b>	CM15-0098836		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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:

The injured worker is a 56 year old male, who sustained an industrial injury on September 4, 2012, incurring low back injuries. He was diagnosed with lumbago and lumbar radiculopathy. Treatment included chiropractic sessions, physical therapy, muscle relaxants, anti-inflammatory drugs, and home exercise program with pain management. He underwent bilateral decompression and lumbar foraminotomy in November 2013. In 2014, a lumbar Magnetic Resonance Imaging revealed facet arthropathy, degenerative disc disease and stenosis. Currently, the injured worker complained of continuous low back and lower extremity pain with numbness in the soles of his feet. It was noted that the injured worker's weight reflected on the persistent pain and discomfort. The treatment plan that was requested for authorization included one 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) weight loss program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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), one 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 lumbago and lumbar radiculopathy. Subjectively, according to an April 7, 2015 progress note, the injured worker has complaints of low back pain and bilateral lower extremity pain. There are no weights or BMI documented in the medical record. There is no documentation the injured worker was involved in an active trial of diet modification, exercise, behavioral modification and/or drug therapy prior to considering a commercial weight loss program. Consequently, absent documentation of an active trial of diet modification, exercise, behavioral modification and/or drug therapy, weight and BMI, one weight loss program is not medically necessary.