

<b>Case Number:</b>	CM14-0103228		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 57-year-old female with a 4/22/09 date of injury. The mechanism of injury occurred while lifting cases of chicken into a freezer. According to a progress report dated 8/11/14, the patient is waiting on weight loss, in addition to waiting on her surgery. Objective findings: lumbar spine forward flexion was 55 degrees, patient is 5'0" in height and weighs 200 pounds. Diagnostic impression: status post back injury with subsequent arthrodesis L4, L5, S1; secondary surgery in the same area for repair of nerve injury. Treatment to date: medication management, activity modification, surgery. A UR decision dated 6/24/14 denied the request for ██████████ X 6 months. There is no documentation of the patient's current BMI measurements. There is no documentation of previous weight control attempts including diet and exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ x 6 months: 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 Other Medical Treatment Guideline or Medical Evidence: Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of

the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** CA MTUS and ODG do not address this issue. Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. Utilization Review must make determinations based solely on medical necessity. Causation and or compensability AOE/COE per the DWC are not in the scope of utilization review. According to a progress report dated 5/5/14, the patients height was 5'0" and weighed 200 pounds. Her BMI was calculated to be 39.1 kg/m. However, the patient had a prior authorization for [REDACTED] for ten weeks, but this plan was never executed. It is unclear why the provider is requesting a [REDACTED] program, when the patient's previously authorized [REDACTED] program was never completed. In addition, there is no documentation that the patient has had a trial and failure of a diet and exercise program. Therefore, the request for [REDACTED] x 6 months was not medically necessary.