

<b>Case Number:</b>	CM15-0127618		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 10-19-2011. The mechanism of injury was not described. The injured worker was diagnosed as having cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, thoracic disc displacement without myelopathy, tendinitis-bursitis of the hand-wrist, umbilical hernia, and bilateral carpal tunnel syndrome. Treatment to date was not described. Currently (5-19-2015), the injured worker complains of hernia pain, cervical pain with radiation to her head, thoracic pain, lumbar pain, and bilateral hand-wrist pain, associated with numbness and tingling. It was documented that she was advised to lose weight before proceeding with hernia surgery. Her work status was modified. The physical exam did not include the injured worker's body mass index. Previous attempts at weight loss were not documented. The treatment plan included a weight loss program-nutritional consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program/Nutritionist Consult:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am J Health Promot. 2010 Sep-Oct; 25(1):26-9. doi: 10.4278/ajhp.080923-ARB-208. Weight-loss programs in convenient care clinics: a prospective cohort study. Wollner S1, Blackburn D, Spellman K, Khaodhlar L, Blackburn GL.

**Decision rationale:** It is clear and generally accepted that weight loss is beneficial in a variety of conditions, including in improving many orthopedic conditions like those in the case of this injured worker. The provided documents indicate that weight loss would potentially benefit the patient with respect to her condition. The MTUS and ODG guidelines do not provide insight into medical weight-loss program recommendations. Utilization review non-certified the treating physician's request based on the literature, however, other evidence supports that medical weight-loss programs may produce medically significant weight loss. An initial trial period of a program with the opportunity for further treatment approval should successful weight loss be documented is a reasonable approach. Close follow up for evaluation of treatment efficacy is warranted, especially in light of still conflicting data as to definitive efficacy of such programs. Therefore, in the opinion of this reviewer, the request for a medical weight loss program can be considered medically necessary.