

<b>Case Number:</b>	CM14-0161906		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 & 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:

The injured worker is a 29-year-old male who reported injury on 10/23/2012. The mechanism of injury was due to moving boxes while working at [REDACTED]. The injured worker has a diagnosis of disc herniations at L2-3 and L4-5, of the lumbosacral spine. Past medical treatment consist of physical therapy, ESIs, pain management consultations, work hardening program, SI injections and medication therapy. Medications include ibuprofen. The injured worker has undergone x-rays and MRIs of the lumbar spine. On 02/20/2014, the injured worker complained of constant pain in the lumbar spine. Physical examination noted that the pain rate was 5/10 to 6/10. It was noticed on the lumbar spine an increase in normal lumbar lordosis. There was some tenderness to palpation bilaterally of midline at L2-3. There was also tenderness on the right side on L4-5. Range of motion on flexion was 60% normal. Extension was 50% normal, lateral flexion, left to right was 50% normal and rotation left to right was 50% normal. Straight leg raising test on the right side was limited to 40 degrees with a positive Lasegue's sign. Straight leg raising test on the left was limited to 80 degrees by pain in the low back. Motor power was normal as well as sensation. The medical treatment plan is for the injured worker to undergo acupuncture therapy and a weight loss program. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times six (6), low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for Acupuncture times six (6), low back is not medically necessary. According to guidelines, acupuncture is used as an option when pain medicine is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture with electrical stimulation may be performed as followed: (1) Time to produce functional improvement: 3 to 6 treatments; (2) Frequency: 1 to 3 times per week; (3) Optimum duration: 1 to 2 months. It was documented in the submitted report that the injured worker had undergone physical therapy and NSAID treatment. However, there were no indications that the physical therapy was not helping with any functional deficits. Additionally, there was no rationale provided indicating how the provider feels acupuncture would be beneficial to the injured worker. The guidelines go on to state that acupuncture is used as an option when pain medicine is reduced or not tolerated. There were no indications in the submitted reports that the injured worker had exhausted any type of pain medication or was unable to take any pain medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for acupuncture times 6 for the lower back is not medically necessary.

**Weight loss program for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Lifestyle modifications.

**Decision rationale:** The request for Weight loss program for low back is not medically necessary. The Official Disability Guidelines recommend a lifestyle modification of diet and exercise as a first line intervention. Modified diet and an active lifestyle can have major benefits. The submitted documentation did not indicate that the injured worker had tried and failed with personal diet and lifestyle modifications to warrant enrollment in an instructed weight loss program. Additionally, there was no indication in the submitted report indicating that the injured worker was in need of a weight loss program. Given the above, the injured worker is not within the recommended Official Disability Guideline criteria. As such, the request for a weight loss program is not medically necessary.