

<b>Case Number:</b>	CM14-0202245		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 58 year old female who sustained an injury on 01/06/2012 when she fell on her buttocks injuring her lower back. Initial diagnosis was lumbosacral strain and she was treated with ice and ibuprofen. However, she developed persistent tailbone pain with sitting and had intermittent tingling in the left buttock and left foot. Diagnosis includes chronic low back pain, lumbago, lumbagia, lumbar radiculopathy, urinary urgency/frequency, and fecal urgency and incontinence. Treatments included X-rays, MRI of the lumbar spine, epidural steroid injection, physical therapy, aquatic therapy, pudendal nerve conduction study, and on 04/04/2014 she underwent a coccyx excision of 2 mobile fragments. Treating physician's progress note dated 08/29/2014 reveals the injured worker complained of persistent low back pain and discomfort. She also complained of increased anxiety and depression symptoms. Treatment plan included pain management evaluation, trial Interstim for urinary/ fecal symptoms, incontinency, weight loss program extension, and to continue current medications. The request is for twelve sessions of acupuncture (2 x 6 weeks) to the back and [REDACTED] weight loss program which a Utilization Review (UR) denied on 11/24/2014. Regarding the twelve sessions of acupuncture, the injured worker had completed treatments in the past without demonstration of objective or sustained benefit. Additionally, the submitted documentation did not clearly indicate a measurable benefit such as a change in work, functional improvement or reduction in medication to support the medical necessity. CA MTUS Guidelines were used in the decision making. Regarding the [REDACTED] weight loss program, the injured worker had made significant progress with the weight loss program and should by now be proficient with the weight loss techniques. Also, the submitted documentation did not substantiate the medical necessity of the weight loss program as a clinical or professional directed medical service. ACOEM Guidelines were utilized in the decision making.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of Acupuncture (2x6weeks) to the back:** Upheld

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

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

**Decision rationale:** Section 9792.24.1 of the California Code of regulations states that Acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. OGD states that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an adjunct to active rehabilitation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 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. Acupuncture treatments may be extended if functional improvement is documented. In this case the patient had prior treatment with acupuncture that is reported as adding benefit. The requested number of treatments surpasses the recommended number of 3 to 6 to produce functional improvement. The request should not be authorized.

■■■■■ **weight loss program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**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: Weight loss Treatment Guidelines from the Medical Letter, April 1, 2011, Issue 104, page 17: Diet, Drugs, and Surgeries for Weight Loss

**Decision rationale:** Diet and exercise are the preferred methods for losing weight, but are still associated with high long-term failure rates. Patients on a diet generally lose 5% of their body weight over the first 6 months, but by 12-24 months weight often return to baseline. The long-term ineffectiveness of weight-reduction diets may be due to compensatory changes in energy expenditure that oppose the maintenance of a lower body weight, as well as genetic and environmental factors. There are no recommendations for [REDACTED] weight loss program in the Chronic Pain Medical Treatment Guidelines or in the Official Disability Guidelines. The lack of information does not allow determination for medical necessity and safety.