

<b>Case Number:</b>	CM14-0122257		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Occupational Medicine 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 patient is a 36-year-old male who has submitted a claim for status post lumbar fusion and obesity associated with an industrial injury date of 3/6/2006. Medical records from 2014 were reviewed. Patient complained of low back pain, described as sharp, numb, and pins and needles sensation. Physical examination of the lumbar spine showed tenderness, spasm, and limited motion. Straight leg raise test was positive. Weakness was noted at the right ankle and toes. Gait was antalgic. Anthropometric examination showed a height of 5 feet 8 inches, weight of 308 pounds, and derived body mass index of 46.8 kg/m<sup>2</sup>. Acupuncture was requested to improve pain control and to decrease spasticity. Treatment to date has included lumbar fusion, use of H-wave device, physical therapy, and medications. Utilization review from 7/9/2014 denied the request for [REDACTED] weight loss program because there was no documentation that patient had tried and failed reduced caloric diet with an exercise program to promote weight loss; and modified the request for Acupuncture to low back 2x4 (8) into 3 sessions to allow for demonstration of functional improvement and decreased pain prior to continuation of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] weight loss program:** 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: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs

**Decision rationale:** The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin on Weight Reduction Medications and Programs, was used instead. Clinical supervision of weight reduction programs up to a combined limit of 26 individual or group visits per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (BMI 30 kg/m<sup>2</sup>). In this case, patient's height is 5 feet 8 inches, weight of 308 pounds, and body mass index of 46.8 kg/m<sup>2</sup>. There are no comorbid medical conditions. However, there is no documentation stating that patient had already tried other weight loss methods, such as dietary modification and exercise routines prior enrollment to this program. The medical necessity cannot be established due to insufficient information. Therefore, the request for a Medically Managed weight loss program is not medically necessary.

**Acupuncture to low back 2x4 (8):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient complains of persistent low back pain despite lumbar fusion, use of H-wave device, physical therapy, and medications. Acupuncture is a reasonable treatment option at this time. However, the present request for 8 sessions exceeds guideline recommendation of 3 to 6 visits as an initial trial. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Acupuncture to low back 2x4 (8) is not medically necessary.