

<b>Case Number:</b>	CM15-0069466		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	07/22/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 47 year old female, who sustained an industrial injury on July 22, 2010. She reported low back and lower extremity pain. The injured worker was diagnosed as having probable progressive bulging disc at the lumbar 5 through sacral 1 level, lumbar strain and lumbar radiculopathy in the left lower extremity. Treatment to date has included diagnostic studies, conservative care, a weight loss program, home exercises, acupuncture, medications and work restrictions. Currently, the injured worker complains of low back pain radiating into the lower extremities. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 21, 2015, revealed continued complaints of pain. Acupuncture and a weight loss program were requested. A weight loss was noted from August to December.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

**Decision rationale:** MTUS "Acupuncture Medical Treatment Guidelines" clearly 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." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts. The initial trial should 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) There is evidence provided that indicates the patient received acupuncture before but it is unclear if she has completed the previously authorized sessions and what improvement she has had. As such, the request for acupuncture for 2 times a week for 6 weeks is not medically necessary.

**Weight loss program, 6 month continuation:** Upheld

**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 UptoDate.com, Obesity in adults: Overview of management.

**Decision rationale:** MTUS is silent specifically regarding medical weight loss programs. Up to date states, "Overweight is defined as a BMI of 25 to 29.9 kg/m<sup>2</sup>; obesity is defined as a BMI of 30 kg/m<sup>2</sup>. Severe obesity is defined as a BMI 40 kg/m<sup>2</sup> (or 35 kg/m<sup>2</sup> in the presence of comorbidities)." Additionally, "Assessment of an individual's overall risk status includes determining the degree of overweight (body mass index [BMI]), the presence of abdominal obesity (waist circumference), and the presence of cardiovascular risk factors (eg, hypertension, diabetes, dyslipidemia) or comorbidities (eg, sleep apnea, nonalcoholic fatty liver disease). The relationship between BMI and risk allows identification of patients to target for weight loss intervention (algorithm 1). There are few data to support specific targets, and the approach described below is based upon clinical experience. All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight loss. For individuals with a BMI 30 kg/m<sup>2</sup> or a BMI of 27 to 29.9 kg/m<sup>2</sup> with comorbidities, who have failed to achieve weight loss goals through diet and exercise alone, we suggest pharmacologic therapy be added to lifestyle intervention. For patients with BMI 40 kg/m<sup>2</sup> who have failed diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI >35 kg/m<sup>2</sup> with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the procedure.

The has a calculated BMI of 31.5, which would be considered obese. The treating physician writes that the patient is has lost weight being down from 200 lbs, but do not detail what weight loss (diet, exercise, and counseling) has been undertaken. The indication for this program is not discussed. As such, the request for Weight loss program, 6 month continuation is not medically necessary.