

Case Number:	CM13-0026952		
Date Assigned:	12/18/2013	Date of Injury:	11/01/1995
Decision Date:	02/20/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois and Texas. 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 physician 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 50 year old female who reported a work-related injury on 11/01/1995. The specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: chronic pain syndrome, intervertebral disc disorder, lumbar radiculitis, lumbar degenerative disc disease, and post-laminectomy syndrome of the lumbar spine. The clinical note dated 10/28/2013 reports the patient was seen under the care of [REDACTED] for her continued lumbar spine pain complaints. The provider documents the patient utilizes Nucynta, Terocin, Promolaxin, Zofran, Celebrex, and Tramadol. The provider documents the patient is status post undergoing an epidural steroid injection to the lumbar spine. The patient describes her rate of pain at a 4/10. Upon physical exam of the patient, motor strength was noted to be 5/5 throughout the bilateral lower extremities, sensation was intact and equal. The provider documented full range of motion about the lumbar spine with slight increased pain with lumbar flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to provide evidence when the patient last utilized supervised therapeutic interventions for her chronic pain complaints about the lumbar spine, since status post a work-related injury sustained over 19 years ago. The California Medical Treatment Utilization Schedule (MTUS) indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated. In addition, the clinical notes failed to document the patient presented with significant objective functional deficits upon physical exam. Given all the above, the request for physical therapy 2x4 is neither medically necessary nor appropriate.

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: The current request is not supported. The Official Disability Guidelines indicate gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment, plus treatment needs to be monitored and administered by medical professionals. Given the lack of documentation of evidence that the patient presents with significant objective findings of symptomatology upon physical exam, as well as a lack of documentation evidencing the patient has failed with an independent home exercise program, the request for gym membership is neither medically necessary nor appropriate