

Case Number:	CM13-0038987		
Date Assigned:	12/18/2013	Date of Injury:	03/14/2008
Decision Date:	02/06/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/03/2013

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 and 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 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 49 year old male with a date of injury of 03/14/2008. Utilization Review dated 09/11/2013 recommends denial of TENS unit and gym membership. Patient has diagnoses of cervical strain, lumbar strain and retinal detachment. According to report dated 09/28/2013 by [REDACTED], patient presents with lower back and neck pain. Neck pain is described as sharp and constant with no radiation. Low back pain is described as dull and constant, patient states pain does not radiate. Examination showed deep tendon reflex 2+, sensation intact, manual muscle test 5/5 and pain to palpation in the cervical and lumbar paraspinal. Muscles were taut and painful in the cervical and lumbar spine areas. It was noted that patient improved with medications. Current medications include Anaprox, Norco, Baclofen, Seroquel XR, Viibryd, Nuvigil and Cialis. Request is for a new TENS as patient's old unit has broken and a gym membership for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

One TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with lower back and neck pain. The treating physician requests a new TENS unit as patient's old unit has broken. California Medical Treatment Utilization Schedule (MTUS) pg 114-116 states, "TENS units are indicated for specific diagnosis of neuropathy, complex regional pain syndrome, spasticity, phantom limb pain, and Multiple Sclerosis." This patient does not present with any of these conditions. Furthermore, the treating physician does not indicate how TENS was used and with what specific benefit. Recommendation is for denial as this patient does not present with any of the diagnosis that California Medical Treatment Utilization Schedule (MTUS) allows for the use of a TENS unit.

gym membership for six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with lower back and neck pain. Treater requests a 6 month gym membership. Gym memberships are not specifically addressed in American College of Occupational and Environmental Medicine (ACOEM). However, Official Disability Guidelines (ODG) guidelines state it is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatments need to be monitored and administered by medical professionals. While an individual exercise program is recommended, outcomes that are not monitored by a health professional, such as gym memberships or advanced home exercise equipment is not recommended and not covered under this guideline. Recommendation is for denial.