

Case Number:	CM13-0044587		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2003
Decision Date:	03/06/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/30/2013

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 54-year-old male who reported an injury on July 10, 2003 after he lifted a heavy object while performing normal job duties and reportedly sustained an injury to his low back. The patient ultimately underwent lumbar spinal fusion, followed by the removal of hardware. The patient developed chronic low back pain that was managed with medications to include hydrocodone. The patient was consistently monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation revealed tenderness to palpation and limited lumbar range of motion secondary to pain, with a positive straight leg raising test and decreased sensation in the L5 and S1 dermatomes on the left side. The patient's diagnoses included status post L5-S1 posterior interbody fusion with hardware removal, disorder of the sacrum, low back pain, sciatica, junctional discopathy at the L4-5, herniated disc at the L4-5, status post L4-5 fusion with palpable hardware. The patient's treatment plan included a lumbar support, continuation of medications, and a 1-year gym membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend aquatic therapy for patients who require a non-weight bearing environment while participating in an active therapy program. The clinical documentation submitted for review does indicate that the patient has had multiple spinal surgeries that would benefit from a non-weight bearing environment, participating in an active therapy program. However, the clinical documentation submitted for review also indicates that the patient previously underwent aquatic therapy. There is no documentation that the patient has been transitioned into a self-directed aquatic therapy program. Additionally, the efficacy of the prior aquatic therapy was not established. The Official Disability Guidelines do not recommend gym memberships, as there is no supervision from a medical professional to determine the appropriateness of the patient's exercise program. As such, the requested a one (1) year gym membership is not medically necessary or appropriate.

(1) prescription of Hydrocodone/APAP 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Medications Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by a quantitative assessment of the patient's pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is compliant to a prescribed medication schedule. The clinical documentation submitted for review does indicate that the patient is regularly monitored for compliance. However, the clinical documentation submitted for review does not provide a quantitative assessment of the patient's pain to support the efficacy of medication usage for pain control. Additionally, there is no documentation of functional benefit as a result of medication usage. Therefore, continued use of this medication would not be supported. As such, the requested Hydrocodone/APAP 10/325mg, #60, is not medically necessary or appropriate.