

Case Number:	CM13-0046604		
Date Assigned:	12/27/2013	Date of Injury:	06/08/2005
Decision Date:	08/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 injured worker is a 67-year-old male who reported an injury on 06/08/2005. The mechanism of injury was not provided. On 11/11/2013, the injured worker presented with pain and mild constant back pain. Upon examination of the cervical spine, there was a positive Spurling's test bilaterally and a positive foraminal compression test. The physical examination of the lumbar spine revealed negative straight leg raise bilaterally and a 4/5 strength on the left and a 5/5 strength on the right with tenderness over the left paraspinal muscle region. Diagnoses were cervical thoracic strain/arthrosis with central foraminal stenosis, status post L2 fracture with posterior decompression and instrumented fusion at L1-3, and sleep disturbance secondary to pain in mental distress. Previous treatment included home exercise, medications, and modified work duties. The provider recommended a pain management consultation and 1 year gym membership with a warm pool to promote flexibility, strength, and prevent deconditioning. The request for authorization form was dated 09/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1..

Decision rationale: The request for pain management consultation is non-certified. The California MTUS state that if pain complaints persist, the provider needs to reconsider the diagnosis and decide whether a specialist is necessary. The provided documentation noted that the injured worker was responding well to conservative treatment for low back pain and had increased flexibility and decreased pain level by 65%. There was also a decrease in pain medication consumption as stated on the 09/11/2013 progress note. A pain management consultation would not be medically appropriate at this time due to the progress being made with aquatic therapy combined with the injured worker's medication regimen. As such, the request is not medically necessary.

A ONE-YEAR GYM MEMBERSHIP WITH A WARM POOL: 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), Low Back, Gym Membership.

Decision rationale: The request for a 1 year gym membership with a warm pool is non-certified. The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There is no documentation of failed home exercise or the injured worker's need for specific equipment that would support the medical necessity for a gym membership. As such, the request is not medically necessary.