

Case Number:	CM13-0052744		
Date Assigned:	12/30/2013	Date of Injury:	01/04/1990
Decision Date:	03/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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 65-year-old male who reported an injury on 01/04/1990. His diagnoses include chronic lumbar back pain with loss of ankle jerk reflexes, bilateral lower extremity dysesthesia, chronic bilateral shoulder pain, and insomnia. The note dated 10/22/2013 reported he is being treated for bilateral carpal tunnel syndrome. The note also indicated, the patient reported he had an MRI (magnetic resonance imaging) that revealed arthritis in his left shoulder and neck. In addition, the provider reports the patient lives in a hazardous neighborhood where he is unable to walk outside safely. Also, it is unsafe for him to use a treadmill or bicycle in his home due to problems with his knees and ankles. The note does not further mention the knees and ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent gym program for one year, low back: 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: The Official Disability Guidelines (ODG) does not recommend a gym membership as a medical prescription unless a home exercise program has not been effective and

there is a need for equipment. The documentation submitted did not provide evidence that other therapies have failed. The patient's "hazardous neighborhood" was not well described. It is also unclear what exercises the patient is being requested to perform at the gym and why a home exercise program would not suffice. The notes indicate the patient cannot use a treadmill or bicycle. There is no rationale as to why the patient would be able to use equipment at a gym versus in the home setting. As such, the request is non-certified

Lunesta 2mg qty 30, with 3 refills: 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: The Official Disability Guidelines (ODG) recommend medications for a few weeks for insomnia. In addition, for chronic insomnia it is recommended to give medication in conjunction with cognitive behavioral therapy and then discontinue the medication and continue with CBT (cognitive behavioral therapy). The documentation submitted for review did not indicate whether the patient's insomnia is acute or chronic. Additionally, the request exceeds the recommended duration. As such, the request is non-certified.