

Case Number:	CM13-0066406		
Date Assigned:	01/03/2014	Date of Injury:	07/13/2001
Decision Date:	06/04/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/16/2013

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 & 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:

Medical records were reviewed from 2013. Patient had undergone spine surgeries in June 2003 and December 2009 and right carpal tunnel release on August 2004. No relief of pain was reported after the surgeries. In a consultation report on January 21, 2013, pool therapy was recommended because the patient was unable to handle a progressive exercise program. Patient started 6 months of self-guided pool therapy on May 2013. Decreased Norco intake from 6x a day to 1-2x daily for pain was reported on June 12, 2013. Progress report dated November 18, 2013 stated that pool therapy decreased overall pain with unspecified functional gains and allowed patient to walk daily for exercise hence request for 1 year of gym membership for pool therapy. TENS and 90 Flexeril 10mg were also prescribed; however frequency and duration of use were not mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENEWAL, 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 (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§9792.24.2 Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODG), Low Back Chapter.

Decision rationale: The Expert Reviewer's decision rationale: As stated on page 22 of the California MTUS chronic pain medical treatment guidelines, aquatic therapy is beneficial for those patients who require reduced weight-bearing such as those who are extremely obese or with fractures involving the lower extremities. ODG also does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals and gym memberships and swimming pools are not generally considered medical treatment. In this case, the gym membership is for pool therapy access. There was no documentation of the patient's current BMI or any lower extremity fractures. There is no evidence that the gym membership will be provided under supervision of medical professionals, who will give timely reports of the patient's progress. Therefore, the request for renewal 1 year gym membership is not medically necessary.

TENS UNIT AND SUPPLIES, RETROSPECTIVE 11/18/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§9792.24.2 Page(s): 114-116.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for specific diagnoses, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS unit include evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient has had chronic pain for more than 3 months but there is no evidence that medications have failed to relieve pain as decreased Norco intake from 6x a day to 1-2x daily was reported on June 12, 2013. There was also no documentation of a 1 month TENS trial and no objective evidence of pain relief with its use. A treatment plan with specific short and long term goals was also not indicated. TENS unit and supplies is therefore not medically necessary.

FLEXERIL 10 MG, RETROSPECTIVE 11/18/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§9792.24.2 Page(s): 12-63-64.

Decision rationale: The Expert Reviewer's decision rationale: Flexeril is a brand of Cyclobenzaprine, a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, there is no evidence that acetaminophen and NSAIDs failed to relieve pain. Also there is no evidence that Flexeril will be used for short term treatment as frequency and duration of treatment was not stated. Therefore, Flexeril was not medically necessary.