

Case Number:	CM13-0066642		
Date Assigned:	01/03/2014	Date of Injury:	06/09/2011
Decision Date:	05/27/2014	UR Denial Date:	12/09/2013
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 and Rehabilitation and is licensed to practice in Ohio. 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 50 year old male with a work related injury on 6/9/11 which resulted in a low back injury. He was working as a law enforcement officer in a defensive class and repeatedly landed on his low back which resulted in a low back injury. He was initially treated with PT/OT and went back to work. In February 2012 he started to have increased low back pain and developed radiating pain into the legs. He was then treated with more PT, injections and medications and surgery was suggested. He completed a series of three lumbar epidural injections in 9/2013 which gave him improvement in his pain. He is currently taking Norco, Naproxen and Soma for pain which he reports as helpful. He continues to complain of low back pain with primarily left leg pain. Additional requests are now being made for acupuncture sessions x 8, a gym membership for 2014 and a Functional Restoration Program (FRP) evaluation which were all non-certified at the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In the medical records reviewed there is no evidence that the injured worker has been reducing pain medications or that his medications were not tolerated. The injured worker in recent visits reported that the medications were helpful and he did not report adverse side effects. For these reasons acupuncture is not medically necessary.

GYM MEMBERSHIP FOR 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Section Page(s): 48.

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 Guideline does not recommend gym memberships unless a home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider and there may be risk of further injury to the patient. Gym memberships, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. The medical records did not demonstrate that a home exercise program had been ineffective. Therefore a gym membership is not found to be medically necessary.

FUNCTIONAL RESTORATION PROGRAM (FRP) EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Section Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Section Page(s): 30-34 and 49.

Decision rationale: The Chronic Pain guidelines of the MTUS recommends chronic pain programs when there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should be motivated to improve and return to work. The guidelines describe criteria for participation in a chronic pain program. The patient in this case fulfills these criteria. The patient has been motivated to exercise daily and has a desire to return to work. In this case an evaluation for a functional restoration program is considered medically reasonable and necessary.