MAXIMUS Federal Services

Case Number:	CM13-0066841		
Date Assigned:	01/03/2014	Date of Injury:	01/26/2010
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior two-level lumbar fusion surgery; adjuvant medications, including Neurontin; and the apparent imposition of permanent work restrictions through a Medical Legal Evaluation of October 7, 2013. In a Utilization Review report of December 10, 2013, the claims administrator denied a request for a facility gym with pool and Jacuzzi and further denied a request for a [redacted] mattress. The applicant's attorney subsequently appealed. A January 3, 2014 letter is notable for comments that the applicant is presently able to work but does have chances associated with her chronic low back pain. It is stated that ongoing provision of a gym membership and provision of a [redacted] mattress would reduce her pain. On a November 27, 2013 progress note, the applicant was described as doing reasonably well, continuing to work, and having persistent complaints of low back pain status post multilevel fusion surgery. The applicant was described as relatively functional. A mattress and gym membership was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACILITY GYM WITH POOL AND JACCUZI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: As noted in the ACOEM Guidelines on page 83, applicants must "assume certain responsibilities," to achieve functional recovery, one of which includes adhering to "exercise and medication regimens." Thus, the gym membership in question/facility gym being sought is, per ACOEM, considered an article which the applicant should be responsible for. It is further noted that pages 46 and 47 of the MTUS Chronic Pain Guidelines note that there is "no sufficient evidence" to support the recommendation of any particular regimen over any other exercise regimen. Thus, the pool and Jacuzzi exercise being sought by the attending provider as part and parcel of the gym membership cannot be supported either by ACEOM or by the MTUS Chronic Pain Medical Treatment Guidelines, which both essentially deem the issue to be a matter of applicant responsibility as opposed to a matter of medical necessity. Therefore, the request is not medically necessary and appropriate.

[redacted] Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Mattress selection, low back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM Guidelines, mattress and bed selection are considered a matter of individual preference as opposed to a matter of medical necessity. There is no evidence that provision of any one particular mattress would necessarily ameliorate an applicant's low back pain. While applicants should select those beds and/or mattresses which are most comfortable for them, this is, however, a matter of personal preference and individual choice as opposed to a matter of medical necessity, per the ACOEM Guidelines. Therefore, the request is likewise not medically necessary and appropriate.