

Case Number:	CM13-0066943		
Date Assigned:	01/03/2014	Date of Injury:	08/04/2008
Decision Date:	04/21/2014	UR Denial Date:	12/13/2013
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 Family Practice and is licensed to practice in Texas. 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 patient is a 52-year-old male who reported an injury on 08/04/2008. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with displacement of intervertebral disc without myelopathy. The patient was recently seen by [REDACTED] on 12/04/2013. Physical examination revealed moderate depressive symptoms, positive straight leg raising, 50% normal forward flexion, tenderness to palpation, and decreased strength. Treatment recommendations included continuation of current medications, a gym membership, and authorization for pain psychotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 6 months including aqua therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Minnesota Worker's Compensation Treatment Parameter Rules, TP-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym membership.

Decision rationale: The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. As per the documentation submitted, there is no indication that this patient has failed to respond to a home exercise program. There is also no indication that this patient requires specialized equipment. Based on the clinical information received, the patient does not appear to meet criteria for the requested service. As such, the request for gym membership x 6 months including aqua therapy is non-certified.

Baclofen 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of palpable muscle spasm or spasticity upon physical examination. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request for Baclofen 10 mg #90 is non-certified.

Psychological counseling x 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS Guidelines utilize Official Disability Guidelines Cognitive Behavioral Therapy Guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 8 sessions exceeds Guideline recommendations. Additionally, the patient has previously been treated by a psychiatrist. Despite ongoing treatment, the patient continues to demonstrate depressive symptoms. The medical necessity for ongoing psychological counseling has not been established. Therefore, the request for psychological counseling x 8 sessions is non-certified.