

Case Number:	CM13-0068928		
Date Assigned:	01/03/2014	Date of Injury:	05/13/2002
Decision Date:	04/11/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 patient is a 45-year-old male who reported an injury on 05/13/2002. The mechanism of injury was a motor vehicle accident. The patient sustained injuries to his neck and left shoulder, as well as psyche. His initial treatment is unclear; however, it is noted that he received extensive therapy, injections to the cervical spine, and left shoulder. The patient ultimately received an open acromioplasty and excision of the distal clavicle of the left shoulder, on 03/08/2004; however, it did not completely resolve his symptoms. He later received an EMG of the bilateral upper extremities on 06/28/2011 that revealed a C8-T1 radiculopathy on the left side, whereas the right upper extremity EMG results were normal. The patient has also received an unknown duration of psychotherapy/cognitive behavioral therapy with some noted improvement. The patient's current diagnoses include major depression, chronic pain disorder, and chronic posttraumatic stress disorder. Most of the clinical information submitted for review was detailed psychotherapy notes; there was minimal information regarding the patient's functional abilities and need for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR 6 MONTHS FOR HYDROTHERAPY, AQUA THERAPY, AND STATIONARY BIKE: 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), Foot and Ankle, Gym membership, California MTUS/ACOEM Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym membership.

Decision rationale: The California MTUS/ACOEM Guidelines recommend aquatic therapy as an option in circumstances where reduced weight bearing is desirable. California Guidelines recommend therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The clinical information submitted for review did not provide any evidence that the patient had significant loss of function as evidenced by reduced range of motion, reduced strength, or reduced flexibility. In addition, guidelines recommend up to 6 treatments followed by a re-assessment of progress that will determine the need for further treatment. As the California Guidelines did not specifically address gym memberships, the Official Disability Guidelines were supplemented. ODG states that gym memberships are not recommended unless a documented home exercise program with periodic assessment and revision has not been effective, and there is a need for equipment. These memberships are usually not recommended, as it is an unsupervised program that does not allow information to flow back to the provider for treatment changes, and there is an increased risk of further injury to the patient. Due to the lack of objective documentation as to the patient's current functional measurements and reasons why the patient would require specific equipment, the request for gym membership for 6 months of hydrotherapy, aqua therapy, and stationary bike is non-certified.

OCCIPITAL NERVE BLOCK: 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), Neck & Upper back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Occipital Nerve Blocks.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address occipital nerve blocks; therefore, the Official Disability Guidelines were supplemented. ODG states that greater occipital nerve blocks are still under study for diagnostic and therapeutic purposes. These blocks are generally provided to patients suspected or diagnosed with occipital neuralgia and/or cervicogenic headaches. Although the patient has complained of chronic headaches, there is no indication that they have attempted to be treated with oral medications, or that they are suspected of being caused by occipital neuralgia or cervicogenic pathology. In addition, these injections provide only short-term improvement and if employed, should be used with concomitant therapy modulations. As the clinical information submitted for review did not provide any evidence of adjunctive therapy or prior attempts at controlling the patient's headaches, the request for occipital nerve block is non-certified.

