MAXIMUS Federal Services

Case Number:	CM13-0070436		
Date Assigned:	01/08/2014	Date of Injury:	12/07/2005
Decision Date:	05/22/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty in Sports Medicine, 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 injured worker is a 61 year old male who reported an injury on 12/07/2005. The injured reportedly occurred when pulling a hose. The clinical noted dated 1/14/2013 showed the injured worker complained of ongoing right sided lower back pain. The injured worker had attended previous physiotherapy including chiropractic care, and as a result of that treatment, the injured worker said he felt better and he would like additional treatment. He has previously completed an unknown amount physical therapy, acupuncture and epidural steroid injections. He was noted to be taking Flexeril, Norco and Motrin. Upon examination the injured worker had sacroiliac tenderness, no neurological deficits and painful range of motion in extension and flexion. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for Therapy as Needed is not medically necessary. The injured worker has symptoms of ongoing low back pain which reportedly improved with previous physiotherapy. According to the CA MTUS guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at 9-10 visits over 8 weeks in order to promote functional improvement. However, the clinical information submitted failed to provide details regarding his previous treatment, including the number of visits completed and objective functional gains made. In addition, the most recent clinical note provided failed to show evidence of current functional deficits. Therefore, as the guidelines support 9-10 visits to promote functional improvement, in the absence of current functional deficits and details regarding previous physiotherapy treatment, the request is not supported. Therefore this request is not medically necessary.

GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership.

Decision rationale: The request for Gym Membership is not medically necessary. The injured worker has symptoms of ongoing low back pain which reportedly improved with previous physiotherapy. The Official Disability Guidelines do not recommend Gym Membership as a medial prescription unless a documented home exercise program with periodic assessments and revision has not been effective. The documentation submitted for review failed to provide details regarding a home exercise program as well as any assessment or revision to the injured worker's exercise program. Therefore the request for Gym Membership is not medically necessary.

PERSONAL TRAINER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Membership.

Decision rationale: The request for a Personal Trainer is not medically necessary. The injured worker has symptoms of ongoing low back pain which reportedly improved with previous physiotherapy The Official Disability Guidelines do not recommend Gym Membership as a medial prescription unless a documented home exercise program with periodic assessments and revision has not been effective. In addition, treatment must be monitored and administered by a medical professional. The documentation submitted for review failed to provide details regarding

a home exercise program as well as any assessment or revision to the injured workers physical exercise program. Therefore the request for Personal Trainer is not medically necessary.