

Case Number:	CM14-0009375		
Date Assigned:	04/14/2014	Date of Injury:	10/09/2010
Decision Date:	05/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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 Geriatrics and is licensed to practice in New York. 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 35 year old man with a date of injury of 10/9/10. He was seen by his pain physician on 12/3/13. He is status post discectomy at L5-S1 and was having more symptoms in his right leg. He also had two epidural injections without relief. He was working full duty and his medications were hydrocodone, ibuprofen, nexium, gabapentin and tizanidine. His physical exam showed lumbar spine reduced range of motion, decreased left knee and ankle reflexes, hypersensitivity in both legs and positive leg lifts with weakness in his abductor hallucis longus bilaterally. His gait was 'relatively normal'. His diagnoses included lumbar discogenic disease with large bulging disc at L4-5, hypersensitivity and pain in the lower extremities/heels and bilateral carpal tunnel syndrome. The recommendations included neurosurgery referral, gym membership and chiropractic care (that he had not had for many months). The latter two recommendations are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP QTY: 1: 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- Low Back (Updated 12/4/13) Gym-Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46,47.

Decision rationale: Per the California MTUS, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. This injured worker has chiropractic care in the past and is able to work full duty. The records do not support the medical necessity for a gym membership.

CHIROPRACTIC TREATMENT QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Maximum duration is said to be 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care has been completed in the past. He is able to work full duty and the records do not support the medical necessity for additional chiropractic therapy.