

Case Number:	CM14-0009778		
Date Assigned:	02/21/2014	Date of Injury:	11/08/2012
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery, Orthopedic 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 reported a date of injury of 11/08/2012. He was bending to retrieve quarters from a safe, twisted and felt low back pain. Progress report dated 05/17/13 indicates that the injured worker continues with pain in his low back and right leg. He has not done well with physical therapy. He had one epidural steroid injection on 02/01/13 which helped some. The injured worker is noted to be status post L5-S1 fusion in the early 1990s. The injured worker underwent trigger point injections on 07/10/13. Progress report dated 01/08/14 indicates that he has had increasing muscle spasms and pain in his low back and buttock. He tried walking for exercise but had more pain. Diagnoses are degeneration of intervertebral disc, lumbar sprain, displacement of lumbar intervertebral disc without myelopathy, enthesopathy of hip region, and backache. He was recommended for a course of chiropractic care and gym membership so he can work on core strengthening and weight training.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT QTY:6: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for chiropractic treatment x 6 is not recommended as medically necessary. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided. Therefore, the request for chiropractic treatments x 6 is not medically necessary and appropriate.

INDEPENDENT GYM MEMBERSHIP QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Page(s): 46-47. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

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 Chapter, Gym memberships

Decision rationale: The Official Disability Guidelines support gym memberships only when a home exercise program has not been effective and there is a need for equipment. The submitted records fail to document that a home exercise program has been ineffective or that there is a need for equipment. The Official Disability Guidelines generally do not support gym memberships as there is no information flow back to the provider and there may be risk of further injury to the injured worker. Therefore, the request for independent gym membership is not medically necessary and appropriate.