

Case Number:	CM14-0101129		
Date Assigned:	07/30/2014	Date of Injury:	12/04/2008
Decision Date:	09/12/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 60-year-old male with a 12/4/08 date of injury. At the time (5/8/14) of the request for authorization for Reconsideration/p2p: cognitive behavioral training consult with 4 trial visits, psychological testing, 10 psychotherapy and Reconsideration/p2p: gym membership with access to pool, there is documentation of subjective (back pain remains decreased, paresthesias are intermittent in the left thigh and left calf from the knee to the ankle) and objective (mild muscle spasm persists in the thoracic spine bilaterally, lumbar spine range of motion remained limited by mild muscle spasm, numbness remained in the web space between the left middle and ring fingers on the left with mild reduction of sensation in the right hand) findings, current diagnoses (lumbar strain chronic, affective disorder with elevated anxiety and depression aggravated by chronic pain, general anxiety disorder aggravated by chronic pain, and bilateral carpal tunnel syndrome), and treatment to date (medication and aquatic therapy). Regarding Reconsideration/p2p: gym membership with access to pool, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reconsideration/p2p: cognitive behavioral training consult with 4 trial visits, psychological testing, 10 psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Cognitive Behavioral.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of lumbar strain chronic, affective disorder with elevated anxiety and depression aggravated by chronic pain, general anxiety disorder aggravated by chronic pain, and bilateral carpal tunnel syndrome. However, the requested 10 psychotherapy sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Reconsideration/p2p: cognitive behavioral training consult with 4 trial visits, psychological testing, 10 psychotherapy is not medically necessary.

Reconsideration/p2p: gym membership with access to pool: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of lumbar strain chronic, affective disorder with elevated anxiety and depression aggravated by chronic pain, general anxiety disorder aggravated by chronic pain, and bilateral carpal tunnel syndrome. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for Reconsideration/p2p: gym membership with access to pool is not medically necessary.