

Case Number:	CM14-0106647		
Date Assigned:	08/01/2014	Date of Injury:	02/05/2011
Decision Date:	09/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 68 year old male personal caregiver who sustained an industrial injury to the low back on 2/5/2011, while helping his client out of the tub. Recent past medical treatment has included authorization for 1 year gym membership in March 2013 with subjective benefit; and ongoing chiropractic care, recently authorized 6 sessions in May 2014. He also utilizes NSAIDs, gabapentin, and muscle relaxants. According to the 5/7/2014 PR-2, the patient has been self-managing his low back injury with use of home exercise program and OTC (Over The Counter) medication as needed for flare-ups. He has been experiencing recent increase in low back pain up to 7/10 while performing his duties. Examination document tenderness and hypertonicity in the lumbar erector spinae with pain at abbreviated end ranges of forward flexion, extension, and lateral flexion bilaterally. SLR is reproductive of low back pain only. He has been able to continue his customary work duties, however is experiencing significant increase in low back pain. Recommendation is for 4-6 sessions of chiropractic care. According to the 5/27/2014 PR-2, the patient feels less intensity in low back pain, rated 2-3/10. He still has pain with prolonged standing, sitting and bending. Examination document tenderness and hypertonicity in the lumbar erector spinae with pain at abbreviated end ranges of forward flexion, extension, and lateral flexion bilaterally. He has not yet met pre-flare up status. Recommendation is for 4 additional sessions. Also request is for extension of his gym membership for use of pool and exercise equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) additional chiropractic visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the CA MTUS, Manual therapy & manipulation 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. The patient presented with a flare-up on 5/2/2014, and was provided 6 chiropractic sessions to address the exacerbation. According to the 5/27/2014 PR-2, the patient's pain was reduced to 2-3/10 pain. He continues performing his customary work duties. Physical examination does not establish additional chiropractic care is medically necessary. In addition, the request for additional treatment at a frequency of once per week for 4 weeks, appears more consistent with maintenance/elective care, which is not medically necessary, per the guidelines. The medical records do not the patient continues with significant flare-up and has failed to improve with self-care measures. He has already received an adequate course of treatment with 6 sessions, to address the flare-up documented on 5/2/2014. The medical necessity of additional care is not established. The request of four (4) additional chiropractic visits is not medically necessary and appropriate.

One year extension of a gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 - Lumbar & Thoracic, Gym Memberships.

Decision rationale: According to the medical records, the patient sustained an industrial injury to the low back on in February 2011, for which treatment to date has included medications, chiropractic, physiotherapy exercise, and 1 year gym membership. At this juncture the patient is well versed in a self-directed home exercise program. Regarding aquatic exercise, the CA MTUS state this form of exercise is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. However, this patient does not medically require reduced weight bearing. The guidelines support that functional improvements can be obtained safely and efficiently with a fully independent home exercise program and self-applied modalities which does not require access to a gym or health club. The guidelines support that with unsupervised programs, such as with gym memberships, health clubs or swimming pools, there is no information flow back to the provider, so that changes in the prescription can be made if needed, and there may be risk of further injury to the patient. Access to memberships to gyms and health

clubs and the like, are not generally be considered medical treatment. There is no documentation establishing the patient's attendance in the gym and activities performed therein. Regardless, he is adequately established in an HEP (Home Exercise Program), and it is not established that this patient requires an additional year of a gym membership. Therefore, the medical necessity for 1 year extension of gym membership is not established. The request of one year extension of a gym membership is not medically necessary and appropriate.