

<b>Case Number:</b>	CM14-0106953		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/23/2006
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Occupational 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 37 year old female who was injured on 02/23/2006. The patient underwent 24 sessions of physical therapy treatments with improvement in function such as household chores, standing to wash dishes and going up the stairs; 16 sessions of chiropractic treatments and transforaminal epidural injections bilaterally at L5 on 01/17/2014 which provided 40-50% of relief. Prior medication history included Norco, Flexeril, Nortriptyline, and Prilosec which decreases her pain from 7/10 to 5/10. Progress report dated 07/31/2014 states the patient presented with complaints of low back pain, bilateral leg pain, and numbness. She rated her pain as 6-7/10. She does have a history of depression and anxiety but is being treated and she is noted to be compliant with pain management. On exam, she has tenderness to palpation of the lumbar spine with spasms appreciated into the bilateral paraspinal region. The sensation is decreased of the left S1 dermatomes. Straight leg raise on the left at 40 degrees and elicits pain that radiates down left leg to calf. The patient is diagnosed with degenerative disk disease of the lumbar spine with radiculopathy, left-sided foot drop and persistent lower extremity neuropathic pain; disc herniation at L4-5 and L5-S1; and ongoing right ankle complaints. The patient was recommended ongoing pain management, ongoing care with psychologist, gym membership, TFESI bilaterally at L5 and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment x 8 visits (2 x 4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** According to MTUS guidelines, manual therapy is recommended as an option for low back pain. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In this case a request is made for an additional 8 chiropractic visits for a 37-year-old female with chronic low back. There is documentation of improvement in pain and function. However, the patient has recently completed 16 visits according to medical records. Therefore, 2 additional visits would be consistent with guideline recommendations. Therefore, Chiropractic treatment x 8 visits (2 x 4) is not medically necessary.

**Ongoing care with pain psychologist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (2004) Chapter 7, Independent Medical Examinations And Consultations page 503 --- Office visits

**Decision rationale:** According to ODG guidelines, office visits are recommended as determined to be necessary. A set number of office visits per condition cannot be reasonably established. In this case a request is made for ongoing care with a pain psychologist. However, the decision for subsequent office visits may be made one at a time. Medical necessity is not established for indefinite ongoing care.

**Ongoing pain management follow-ups:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Pain Procedure Summary (updated 5/1514): Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (2004) Chapter 7, Independent Medical Examinations And Consultations page 503 (ODG); Office visits

**Decision rationale:** According to ODG guidelines, office visits are recommended as determined to be necessary. A set number of office visits per condition cannot be reasonably established. In this case a request is made for ongoing pain management follow-ups. However, the decision for subsequent office visits may be made one at a time. Such as, ongoing pain management follow-ups is not medically necessary.

**12 month gym membership:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain, Gym membership

**Decision rationale:** According to ODG guidelines, gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. In this case a request is made for a 12-month gym membership for a 37-year-old female with chronic low back pain. However, there does not appear to be a need for equipment nor does professional monitoring and administration appear to be planned. Such as, 12 month gym membership is not medically necessary.