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| Case Number: | CM14-0110849 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 10/25/2010 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 07/16/2014 |

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 29 year-old individual was reportedly injured on 10/25/2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 6/5/2014, indicates that there are ongoing complaints of chronic low back pain the physical examination demonstrated lumbar spine: positive tenderness to palpation lumbar paraspinal muscles. Range of motion, flexion 40, extension 10, lateral bending 15. Positive tenderness to palpation sciatic notch bilaterally, positive straight leg raise sitting positive bilaterally. Positive spasm right lumbar area, decreased muscle strength bilaterally. Decreased sensation to light touch bilateral lower extremity. Reflexes are decreased but equal. No recent diagnostic studies are available for review. Previous treatment includes lumbar fusion, medications, and conservative treatment. A request had been made for replacement pads and leads for tens unit, 6 month gym membership, and was not certified in the pre-authorization process on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement leads/patches for her TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter-TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 113-116 OF 127.

Decision rationale: The CA MTUS guidelines did not support the use of a TENS unit, therefore, there is no need for the requested supplies and the request is considered not medically necessary.

6 month 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-Gym memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC: ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - (updated 07/03/14).

Decision rationale: The ODG specifically recommends against the use of gym memberships. The clinician indicates that the membership has been noted to help with the claimant's pain in the past. However, there is no clear indication that a gym membership constitutes monitored and supervised treatment by a healthcare professional. As such, in accordance with the ODG guidelines the request is not considered medically necessary.