

Case Number:	CM14-0117159		
Date Assigned:	09/16/2014	Date of Injury:	08/17/2012
Decision Date:	10/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/24/2014

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 Texas and Ohio. 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 is a 41-year-old male who reported an injury on 08/17/2012. The mechanism of injury was cumulative trauma. He is diagnosed with lumbar sprain with radiculopathy. His past treatments have included physical therapy, medications, activity modification, and psychotherapy. On 07/03/2014, the injured worker presented for followup of his orthopedic complaints to multiple body parts. Specifically, he reported continued low back pain, left lower extremity numbness, and bilateral knee pain. He also reported a 50 pound weight gain since his injury. Physical examination findings included bilateral paraspinal tenderness and a positive left straight leg raise. Additional physical examination findings and treatment plan were not provided as the first page of this report was all that was submitted. His medications were noted to have included Calcium/Vitamin D, Citalopram, Clonazepam, Naproxen, Pork Thyroid, Trazodone, and Vitamin D. Requests were received for pain management evaluation and treatment, gym membership, and weight loss program. However, the rationale for these requests was not provided. The Request for Authorization form was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management Evaluation and Treat.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

Decision rationale: According to the Official Disability Guidelines, office visits play a critical role in the proper diagnosis and return to function for injured workers and should be encouraged. The guidelines go on to state that the need for clinical office visits is individualized based upon a review of patient concerns, clinical presentation, and treatment plan. Additionally, the need for office visits may be determined by the medications the injured worker is taking as some medications require close monitoring. The clinical information submitted for review failed to include a rationale for the requested pain management evaluation and treatment. The injured worker was seen for an orthopedic followup appointment on 07/03/2014. However, a medication list and documentation regarding the severity of his pain were not included within this incomplete note. A previous medication list indicated that the injured worker's medications included Clonazepam, Naproxen, and Trazodone. However, the documentation did not indicate that his symptoms were uncontrolled with these medications or that any additional medications which may require close monitoring had been prescribed. In the absence of further documentation regarding the injured worker's need for a pain management evaluation and treatment, the request is not supported. As such, the request is not medically necessary.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Gym memberships.

Decision rationale: According to the Official Disability Guidelines, gym memberships are not generally considered medical treatment as treatment needs to be monitored and administered by medical professionals. The guidelines further state that while an individual exercise program is recommended, more elaborate personal care where outcomes were not monitored by health professionals, such as with gym memberships, are not covered under the guidelines. The guidelines do specify that to be considered, there should be documentation of a home exercise program with periodic assessment and revision resulting in lack of objective improvement. The clinical information submitted for review failed to provide a rationale for the requested gym membership. Additionally, there was no documentation indicating that the injured worker had been involved in a structured home exercise program followed by a reassessment and revision as needed for lack of improvement. In the absence of this documentation and as the guidelines state that gym memberships are not considered medical treatment as they are not administered and monitored by medical professionals, the request is not supported. As such, the request is not medically necessary.

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Washington Department of Labor Guidelines for Weight Reduction Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Lifestyle (diet & exercise) modifications.

Decision rationale: According to the Official Disability Guidelines, lifestyle modifications, to include diet and exercise, are recommended as first line interventions and specify that the reduction of obesity and an active lifestyle can have major benefits for injured workers. The clinical information submitted for review failed to include a rationale for the requested weight loss program. The documentation did indicate that the injured worker had reported weight gain of 50 pounds since his injury. However, this statement was not verified with documented weight measurements at various appointments. In addition, there was no documentation indicating that he had tried and failed individual diet and exercise for weight loss or that he had been evaluated by a nutritionist and counseled on weight loss. In the absence of documentation showing that he had failed to lose weight with lifestyle modifications, including diet and exercise, the request for a weight loss program is not supported. As such, the request is not medically necessary.