

Case Number:	CM14-0128375		
Date Assigned:	08/15/2014	Date of Injury:	12/08/2010
Decision Date:	10/20/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 66-year-old female was reportedly injured on December 8, 2010. The most recent progress note, dated June 12, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness along the lumbar spine with decreased range of motion. There was a positive straight leg raise test and decreased sensation in the L5 and S1 dermatomes bilaterally. Diagnostic imaging studies showed evidence of a prior lumbar spine decompression and fusion with a pseudoarthrosis and increased facet hypertrophy at L4-L5. Previous treatment included a lumbar spine decompression and fusion at L4-L5 and L5-S1. A request had been made for a gym/pool membership and chiropractic treatment twice a week for four weeks for the lumbar spine and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym/Pool 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), Shoulder, Gym Membership, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally, treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record, there is no documentation that home exercise program is ineffective or inadequate. Considering this, the request for a gym membership is not medically necessary.

Chiropractic Treatment 2x4 to lumbar: Upheld

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

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

Decision rationale: The California MTUS Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. As this request is for eight visits without an assessment of functional improvement, this request for chiropractic care twice a week for four weeks is not medically necessary.