

Case Number:	CM14-0158369		
Date Assigned:	10/01/2014	Date of Injury:	08/29/2007
Decision Date:	11/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/26/2014

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 Louisiana. 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 56 year old male who was injured on 08/29/2007 when he slipped and fell injuring his left knee. Prior treatment history has included 33 acupuncture treatment sessions and physical therapy which has been helpful. Progress report dated 08/14/2014 documented the patient to have complaints of back pain rated as 8/10 and left leg pain rated as 5-8/10. He reported occasional numbness down both legs into the feet. On exam, he has limited range of motion of the cervical and lumbar spine. There is tenderness to palpation of the cervical and lumbar spine with spasms noted. The patient is diagnosed with multilevel HNP's of the lumbar spine with moderate to severe stenosis and HNP's of the cervical spine with mild to moderate stenosis. The patient has been recommended for a gym membership with access to a pool for aquatic therapy; acupuncture to the low back; and he was prescribed hydrocodone APAP 5/325 mg and cyclobenzaprine 7.5 mg. Prior utilization review dated 09/04/2014 states the request for Gym Membership with Access to Aquatic Therapy/Pool; Hydrocodone/APAP 5/325mg #90; Cyclobenzaprine 7.5mg #60; and Acupuncture Low Back 2x6 12 Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership with Access to Aquatic Therapy/Pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 9th Edition (web) Gym Membership

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 membership

Decision rationale: The Official Disability Guidelines does not recommend gym membership unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. There is no supporting documentation that home exercise programs were ineffective or would require specialized equipment and there is no objective findings of disability in the physical exam. Therefore, the request for a gym membership is not medically necessary.

Hydrocodone/APAP 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Pain Treatment Agreement Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioid is recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation of significant improvement in pain or function and Hydrocodone is not recommended for long-term use. Therefore this request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 41 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For pain) Page(s): 63-66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a centrally acting skeletal relaxant whose primary active metabolite is meprobamate and is recommended for a short-term use. There is no supporting documentation of overall functional improvement and Cyclobenzaprine is not recommended for long-term use therefore, this request is not medically necessary.

Acupuncture Low Back 2x6 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172-176.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA Acupuncture MTUS guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical therapy and/or surgical intervention to hasten functional recovery. The guidelines recommend a trial period of 3 to 6 months. In this case, the supporting documentation indicated relief with prior acupuncture sessions however, there is no documentation of sustainable functional improvement to support the necessity of addition sessions. Therefore, this request is not medically necessary.