

Case Number:	CM14-0158432		
Date Assigned:	10/01/2014	Date of Injury:	12/27/1991
Decision Date:	11/26/2014	UR Denial Date:	08/28/2014
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 & Rehabilitation 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:

This injured worker is a 62 year-old female with a reported date of injury 12/27/1991. The mechanism of injury reportedly occurred while the injured worker was lifting a 50 lb. Box of paper from a shelf above her head when she twisted and felt pain in her back. Her diagnoses included failed back syndrome. Past treatment, date and treatments were not submitted. Diagnostic studies included an X-ray of the lumbar spine which showed anterior posterior fusion with no evidence of hardware failure. Her Surgical history included 1996 anterior/posterior spinal fusion L3-L4, L4-L5, L5-S1. On 07/21/2014 she presented with complaints of constant low back pain that radiated into her hips and down her legs which increased with sitting, walking, standing bending, squatting, stooping, climbing stairs, twisting and turning. She rated this pain at 8-9/10. She also complained of frequent pain to the left knee rated at 4/10 with pain radiating to the right foot with numbness and tingling that she rated 2-3/10. She reported she was having difficulty performing her activities of daily living and sleeping. The physical examination showed the injured worker had an antalgic gait, tenderness of the lumbar paraspinal region, bilateral decreased sensation at L4-S1 dermatomes, bilateral positive straight leg raise, 2+ reflexes, and 4-5/5 motor strength bilaterally. An assessment of range of motion of the lumbar spine showed flexion was 15/80 degrees, extension was 05/45 degrees, lateral bending was 05/45 degrees, right rotation was 10/45 degrees and left rotation was 05/45 degrees. Her current medications were listed as Lyrica, Wellbutrin, clonazepam, OxyContin, oxycodone, and lidocaine patches. The treatment plan included a referral to chronic pain management, medications and to continue exercise. The request was for referral pain management specialist and gym membership w-pool. The rationale was for management of her pain medications and to continue water exercises on her own. The Request for Authorization 08/10/2014 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines , Independent Medical Examinations and Consultations Chapter 7 page 127

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, Office visits.

Decision rationale: The injured worker complained of back pain. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of the injured worker. The need for a clinical visit is individualized based upon review of her concerns, signs and symptoms, clinical stability, her desire for self-care and reasonable physician judgment. There is a lack of documentation detailing a clear rationale for the requested pain management referral. There is a lack of documentation indicating the injured worker's response to the prescribed medication regimen to indicate further intervention would be indicated. Therefore, the request of referral for pain management specialist is not medically necessary and appropriate.

Gym membership with pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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: The injured worker complained of low back pain. The Official Disability Guidelines do not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The documentation did not provide evidence of a failed home exercise program or support the need for equipment. Additionally, gym memberships are not recommended per the Official Disability Guidelines. As such, the request for Gym membership with pool is not medically necessary and appropriate.