

Case Number:	CM14-0168537		
Date Assigned:	10/16/2014	Date of Injury:	03/11/2000
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 55-year-old female with a 3/11/00 date of injury. At the time (9/3/14) of request for authorization for Chiropractic treatment QTY: 12 and Gym membership with pool QTY: 90, there is documentation of subjective (low back pain radiating to the right lower extremity) and objective (antalgic gait and mildly obese) findings, current diagnoses (lumbar disc displacement without myelopathy), and treatment to date (TENS unit, lumbar Epidural Steroid injection, Chiropractic treatments, and medications). Medical reports identify that the patient has had benefit from previous Chiropractic treatment. Regarding Chiropractic treatment QTY: 12, the number of previous chiropractic treatments cannot be determined. In addition, there is no documentation of functional improvement because of previous chiropractic treatments. Gym membership with pool QTY: 90, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Manual Therapy & Manipulation

Decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of Chiropractic Treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, up to 18 visits. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc displacement without myelopathy. In addition, there is documentation of previous Chiropractic treatments. However, there is no documentation of the number of previous chiropractic treatments, objective functional deficits and functional goals, and if the number of treatments have exceeded guidelines. In addition, despite documentation that the patient has had benefit from previous Chiropractic treatment, there is no (clear) documentation of functional improvement because of previous chiropractic treatments. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic Treatment qty: 12 is not medically necessary.

Gym Membership with Pool qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Exercise Programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc displacement without myelopathy. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for Gym Membership with Pool qty: 90 is not medically necessary.