

Case Number:	CM14-0179766		
Date Assigned:	11/04/2014	Date of Injury:	08/24/1996
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/29/2014

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 licensed in Occupational and environmental medicine, has a subspecialty in Public health and is licensed to practice in West Virginia 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:

This individual is a 38 year old male who sustained an industrially related injury on August 24, 1996 involving his lower back. He has a complaint of recently increased pain (4-6/10) with lower extremity radicular symptoms. The latest available physical examination provided (9-14) notes that this is a symptom flare and that he had previously been less symptomatic but does not detail prior pain or function level. The examination note also states that at the time of the exam he was "doing much better" in regards to pain control. He is noted to have recently completed a course of physical therapy for this flare described as providing poor results, though an earlier physical examination (5-29) noted improvement secondary to physical therapy. At the time of this latest exam he is noted to have; latissimus spasm, reduced range of motion in his lumbar spine and a positive Lasegues' test on the right. He is also reported to have normal sensation and deep tendon reflexes with decreased strength in the left foot but this is not defined. An MRI (2010) mentioned in the providers note is reported to show lumbar discogenic disease at L-4 and L4-5. He is currently receiving Norco, Celebrex and Gabapentin for pain and Cyclobenzaprine for muscle spasms. This request is for additional physical therapy to the lower back and a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown 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) gym membership

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. The official disability guidelines state "gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician did not provide documentation of a home exercise program with supervision. The request for a one year gym membership is deemed not medically necessary as the injured worker does not meet criteria in the Official Disability Guidelines (ODG).

Unknown Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute and Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The available records are contradictory as to the effectiveness of physical therapy in the treatment of this individual's pain. However, the earlier physical examination that reports positive effects from the physical therapy failed to adequately document the nature of the improvement secondary to physical therapy. Further, the treating physician's notes request "continuous physical therapy" with no defined visit number or stop criteria. As such the request for physical therapy is deemed not medically necessary.