

Case Number:	CM14-0020632		
Date Assigned:	04/30/2014	Date of Injury:	04/28/1982
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine, and is licensed to practice in Florida. 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 patient is a 60 year old with a date of injury of 04/28/82. A progress report associated with the request for services, dated 01/23/14, identified subjective complaints of neck and back pain. Part of the physical examination is missing (page 3). Objective findings did include tenderness of the cervical and lumbar spines. There was mild weakness in the proximal upper and lower extremities. Reflexes were symmetric. Diagnoses included cervicobrachial syndrome and lumbar sprain/strain. Treatment has included topical analgesics. She has also had an unspecified number of previous physical therapy sessions. An initial physical therapy and acupuncture evaluation was recommended. A Utilization Review determination was rendered on 02/10/14 recommending non-certification of "gym membership (1x year); physical therapy (x12); and acupuncture (x12)."

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP (1X YEAR): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 309, Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS Guidelines state that low-stress aerobic exercise is recommended with low back pain. The MTUS and the Official Disability Guidelines (ODG) state that exercise is recommended for all forms of pain. However, they note that there is insufficient evidence to recommend any particular exercise regimen over another. In this case, the medical records provided for review does not document the medical necessity for an exercise program that involves a gym membership.

PHYSICAL THERAPY (X12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS Chronic Pain Guidelines recommends physical therapy with fading of treatment frequency associated with "Active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for lumbar sprains/strains and disc disease, 10 visits over 8 weeks is recommended. For lumbar radiculopathy, 10-12 visits over 8 weeks. In this case, the total number of visits requested exceeds the recommendations as noted above. There was no documentation of radiculopathy that would allow 12 visits. Likewise, this does not allow for fading of treatment frequency. Therefore, the request is not medically necessary and appropriate.

ACUPUNCTURE (X12): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines states that acupuncture is used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It further states that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range-of-motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture is listed as: "Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. Optimum duration: 1 to 2 months." The request exceeds the frequency Guidelines for acupuncture therapy. Necessity for sessions that exceed the Guidelines would require evidence of functional improvement. Therefore, there is no documented medical necessity for 12 initial acupuncture sessions as requested.