

Case Number:	CM14-0023905		
Date Assigned:	06/11/2014	Date of Injury:	10/02/2010
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

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 Illinois. 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 injured worker is a 46-year-old male who reported an injury on 10/02/2010. The mechanism of injury was reported from transferring a patient from bed to wheelchair. The clinical note dated 01/13/2014 reported the injured worker complained of low back pain. The injured worker noted his activity level had decreased. The current medication regimen included Ultram, Skelaxin, Lidoderm. Upon the physical exam of the lumbar spine, the provider noted range of motion was restricted with flexion limited to 45 degrees and extension limited to 15 degrees. On palpation of paravertebral muscles, tenderness was noted on both sides. The injured worker had a positive Gaenslen's test. There was tenderness noted over the sacroiliac spine. The diagnosis included muscle spasm, low back pain, shoulder pain, dizziness and giddiness. The injured worker had utilized medication, physical therapy, home exercise. The provider requested for Ultram for flare-ups, and a gym membership to help continue physical activity and exercise. The patient will be able to find employment. The request for authorization was provided and submitted 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDEPENDENT GYM MEMBERSHIP FOR 6 MONTHS WITH INITIAL PERSONAL TRAINER, REVIEW OF PROPER FORM AND EQUIPMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

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 injured worker complained of low back pain. He reported a decrease in his activity level. The Official Disability Guidelines do not recommend a gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for improvement; plus treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as a gym membership or advanced home exercise equipment may not be covered under the guidelines, although temporary transitional exercise programs may be appropriate for the patients who need more supervision. With supervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs would not generally be considered medical treatment and, therefore, not covered under the guidelines. The documentation submitted for review did not provide an adequate clinical rationale as to the effectiveness of a home exercise program or the need for gym specific equipment. The provider failed to document a complete and adequate assessment of the injured worker's functional condition. There is a lack of documentation indicating the need for special equipment. Therefore, the request for independent gym membership for 6 months with initial personal trainer, review of proper form and equipment is non-certified.

ULTRAM 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: When to continue Opioids Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of low back pain. He reported a decrease in his activity level. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines note a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opiate, how long it takes for pain relief, and how long pain relief lasts. The guidelines recommend the use of the urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of the urine drug screen was not provided in the documentation submitted. The request submitted failed to provide the frequency of the medication. Therefore, the request for Ultram 50 mg #60 is non-certified.

