

Case Number:	CM14-0030844		
Date Assigned:	07/23/2014	Date of Injury:	11/23/2002
Decision Date:	08/27/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedic Surgery 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:

The records presented for review indicate that this 56 year-old individual was reportedly injured on 11/23/2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 1/10/2014, indicates that there are ongoing complaints of neck and low back pain rating to the left lower extremity. The physical examination is handwritten and illegible. It appears to read cervical and lumbar myofascial pain. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications and conservative treatment. A request had been made for Viagra 100 mg, #100, gym membership times one year and was not certified in the pre-authorization process on 2/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagara 100mg #100: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:official Journal of the international Society of urology dated December 1999, volume 54, issue #6, pages 1073-1077.

Decision rationale: The use of Viagra is not covered in the MTUS guidelines; therefore, other medical treatment guidelines were used as a reference. This medication is used for the treatment of erectile dysfunction in men. After reviewing the medical records provided it is noted that the injured worker does have chronic neck and back pain, however there is no documentation of erectile dysfunction. Therefore, this request is deemed not medically necessary.

Gym membership x1 year: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC: ODG Integrated Treatment/Disability Duration Guidelines Low Back- Lumbar & Thoracic (Acute & Chronic)- (updated 06/10/2014.Gym memberships.

Decision rationale: The Official Disability (ODG) specifically recommends against the use of gym memberships. The clinician indicates that the membership has been noted to help with the claimant's pain in the past. However, there is no clear indication that a gym membership constitutes monitored and supervised treatment by a healthcare professional. As such, in accordance with the ODG guidelines the request is considered not medically necessary.