

Case Number:	CM14-0032201		
Date Assigned:	06/20/2014	Date of Injury:	10/24/1994
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 24, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; nutritional supplements; and unspecified amounts of physical therapy to date. In a Utilization Review Report dated February 17, 2014, the claims administrator denied a request for various dietary supplements, laboratory testing, and a gym membership. The claims administrator cited non-MTUS ODG Guidelines in each case. The claims administrator did not appear to cite any Guidelines for the laboratory testing denial, however. The applicant's attorney subsequently appealed. In a progress note dated April 1, 2014, the applicant was described as pending request for gym membership, pool therapy, and acupuncture through the IMR process. The applicant reported generalized tenderness and decreased range of motion about the shoulder. Laboratory testing was reportedly within normal limits, including renal function, hepatic function, thyroid function testing, hemoglobin, and hematocrit. The applicant was given diagnoses of fibromyalgia versus chronic fatigue syndrome, reflux, irritable bowel syndrome, neck pain, low back pain, hypertension, shoulder pain, and obesity. Various medical foods and Norvasc were renewed. An earlier note of February 4, 2014 was notable for comments that the applicant had been deemed permanently disabled and was no longer working as an electrical engineer. The applicant carried diagnoses of depression, fatigue, insomnia, anxiety, neck pain, low back pain, and midback pain. Various dietary supplements and laboratory testing were sought. The applicant was asked to obtain a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership with access to warm pool and exercise: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 5221.6600 Health Clubs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, the applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. In this case, thus, the gym membership being sought by the attending provider has been deemed, per ACOEM, to be an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

Theramine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) criteria for medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Addition ACOEM Guidelines Chronic Pain Chapter, however, dietary supplements, complementary treatments, and/or alternative treatments such as Theramine are not recommended in the treatment of chronic pain as they have no proven outcomes or meaningful benefits in the treatment of the same. In this case, the attending provider has not proffered any applicant-specific narrative, rationale, or commentary, which would off-set the unfavorable ACOEM recommendations. Therefore, the request is not medically necessary.

Sentra AM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) criteria for medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: Again, the MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter Alternative Treatments topic, dietary supplements such as Sentra are not recommended in the treatment of chronic pain as they have no proven outcomes or meaningful benefits in the treatment of the same. In this case, the attending provider has not proffered any compelling applicant-specific rationale, commentary, or medical evidence which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

App Trim: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) criteria for medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter Alternative Treatment topic, dietary supplements and complementary treatments such as AppTrim are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or functional outcomes in the treatment of the same. In this case, as with the other request, the attending provider has not proffered any compelling applicant-specific rationale, narrative, or commentary which would off-set the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

Baseline Labs, including thyroid function, CMC, BMP, TSH, Cholesterol, & LFT:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Medscape, Hypertension Workup Article.

Decision rationale: In this case, the applicant presented to the attending provider with allegations of fatigue, malaise, fibromyalgia, anxiety, and depression. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 269, a number of applicants with pain complaints will have comorbidities diseases such as diabetes, hypothyroidism, arthritis, etc., when history indicates, ACOEM suggests testing for these or other comorbid conditions. In this case, given the applicant's allegations of fatigue and malaise, laboratory testing to ensure the absence of hypothyroidism, anemia, etc., was indicated. It is further noted that the MTUS Guideline in ACOEM Chapter 9, page 208, does notes that a CBC and other tests for autoimmune diseases can be useful to screen for inflammatory sources of joint pain. In this case, again, the applicant had multifocal complaints of pain superimposed on issues with fatigue and

malaise. The applicant was also, it is further noted, hypertensive. The MTUS does not address the topic of laboratory testing for hypertension. As noted by Medscape, an initial workup for applicants with hypertension includes hematocrit, electrolytes, lipid profile, etc., thus, the applicant's presentation, diagnoses, and comorbidities did support the laboratory testing performed here. Therefore, the request for baseline labs was medically necessary.