

Case Number:	CM14-0040423		
Date Assigned:	06/30/2014	Date of Injury:	03/25/2002
Decision Date:	08/14/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Practice 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 41 year old male claimant sustained a cumulative work related injury from 6/8/92-6/10/2002 involving the low back and lower extremities. He is 5 foot 10 inches and weighs 220 lbs. He was diagnosed with lumbar disc disease and underwent artificial disc replacement of the L4-L5 and L5-S1 discs. He also had right-sided radicular pain and sacral pain for which he underwent epidural steroid injections. His pain was managed with Naprosyn, Flexeril, Ambien and Oxycontin. A progress note on February 12, 2014 indicated he had adjustment disorder with mixed anxiety and depressed mood. He gained 52 pounds after the injury. In addition he developed obstructive sleep apnea and hypertensive cardiovascular disease secondary to chronic pain. The treating physician recommended psychiatric treatment due to the claimant undergoing a lot of stress. Subsequently a gym membership was also requested for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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: According to the ACOEM and ODG guidelines, home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Consequently a gym membership is not medically necessary.

Psych treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. According to the ODG guidelines, psychological evaluation is recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. The diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Based on the complex nature of the claimant's situation- pain, physical changes, depression and anxiety, the request for a psychological evaluation is medically necessary.