

Case Number:	CM14-0048895		
Date Assigned:	06/25/2014	Date of Injury:	02/04/2003
Decision Date:	12/30/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Interventional Spine 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 patient is a 60 year old female with the injury date of 02/04/2003. The patient presents pain in her neck, right shoulder and lower back, radiating down legs and feet bilaterally. The patient rates her pain as 4/10 with medication and 7/10 without medication. The patient presents tenderness over C6-C7 and over the AC joint. There are clear signs of impingement of right shoulder. Her cervical flexion is 45 degrees, lateral rotation is about 55-60 degrees. Her lumbar flexion is 35 degrees, lateral bending is 15 degrees and hyperextension is 10 degrees. Straightening leg raising is positive. Per 02/18/2014 report, the patient is taking Norco, Ambien, Lidoderm patch, Intermezzo, Ibuprofen and Trazodone. Diagnoses on 02/18/2014) Pain in joint, shoulder region2) Lumbago3) Thoracic/ lumbosacral neuritis/ radiculitis unspc4) Cervicalgia5) Intervertebral disc D/O w/ myelopathy lumb region6) Degen lumbar/lumbosacral intervertebral discThe utilization review determination being challenged is dated on 02/26/2014. Treatment reports were provided from 09/17/2013 to 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation/Low Back, Gym Memberships

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 chapter, Gym memberships

Decision rationale: The patient presents with chronic pain in her neck, right shoulder and lower back. The request is for one year gym membership. The review of the reports suggests that the patient had one-year gym membership in the past. The 02/18/2014 progress report mentions that "the patient has been going to gym actively, which helps her greatly and allows her to take less pain medications." The treater has asked for gym membership but does not explain why exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is being supervised during exercise. California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines are silent regarding gym membership. Official Disability Guidelines (ODG) guidelines do not recommend it as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In this case, there are no such discussion regarding special equipment, supervising or home exercise. Recommendation is not medically necessary and appropriate.

Urine toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing

Decision rationale: The patient presents with chronic pain in her neck, right shoulder and lower back. The request is for urine toxicology. While California Medical Treatment Utilization Schedule (MTUS) Guidelines do not specifically address how frequent Urine Drug Screening (UDS) should be obtained for various risks of opiate users, Official Disability Guidelines (ODG) Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, there are no reports that specifically discuss this request. The treater may have intended to request a "urine toxicology" for the management of opiod medications, because the patient has been utilizing Norco since at least 09/17/2013. The review of the reports shows that UDS was done on 09/19/2013. ODG and MTUS do support periodic urine toxicology for opiate management. Treatment is medically necessary and appropriate.