MAXIMUS Federal Services

Case Number:	CM14-0055367		
Date Assigned:	07/07/2014	Date of Injury:	11/07/2012
Decision Date:	09/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 Pain Management 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:

This is a patient of the date of injury of November 7, 2012. A progress report dated April 8, 2014 identifies subjective complaints indicating that the patient continues to have pain in the posterior midline. The patient has completed a full course of physical therapy and continues to use a bone growth stimulator. The objective findings identify cervical range of motion is a 70-75% of normal. The patient is neurologically intact. The diagnoses include axial cervical spine pain status post C4-5 pro-disc replacement and C5-6 cervical fusion. The treatment plan recommends care via functional restoration specialists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) months gym membership and Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 46-47 of 127, Page 30-34 and 49 of 127 Page(s): 46-47 of 127, 30-34 and 49 of 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for 3 months gym membership and Functional Restoration Program, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The ODG states the gym memberships are not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Regarding the request for an 4 week rehabilitation program, the California MTUS supports chronic pain programs/functional restoration programs when, the previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. The treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current open-ended request, therefore exceeds the duration recommended by guidelines for an initial trial. There is no provision to modify the current request. Additionally, with regards to the gym membership, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of clarity regarding the above issues, the currently requested 3 months gym membership and functional restoration program is not medically necessary.