

<b>Case Number:</b>	CM14-0061451		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/02/2001
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 patient is a 56-year-old female who has submitted a claim for lower leg traumatic arthritis, chondromalacia patella, and chronic pain syndrome associated with an industrial injury date of January 2, 2001. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated 6/10 in severity. The pain was described as achy, throbbing, and worse with activity. There was associated numbness and muscle stiffness. Physical examination showed spasms on the lumbar paraspinal muscles. Range of motion of the lumbar spine was limited due to pain. There was decreased sensation to touch in the bilateral lower extremities. Imaging studies were not available for review. Treatment to date has included medications, chiropractic therapy, aqua therapy, home exercise program, and activity modification. Utilization review, dated April 10, 2014, denied the request for six sessions of chiropractic treatment for the low back because there was no documentation of flare-up to support even 2 visits of chiropractic treatment; and denied the request for [REDACTED] membership for six months (gym membership with access to a pool) because it is not considered medically necessary as they are unsupervised and there is a potential for risk of further injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Chiropractic sessions for the Low Back:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines page 58 states that manipulation for the low back is recommended as an option. There should be a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, a recent progress report dated March 24, 2014 showed that the patient previously attended 6 sessions of chiropractic therapy and her last treatment was three months ago. She claimed that she was limping less, having an easier time going up the stairs, improved exercise tolerance, less headaches, improved numbness in the hip, and using less medication. There was evidence of objective functional improvement from previous chiropractic treatment. It was also mentioned in the recent progress report that she has increased low back pain over the past few weeks. The medical necessity has been established. Therefore, the request for 6 Chiropractic sessions for the Low Back is medically necessary.

██████ **Membership for 6 months:** 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).

**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 Membership.

**Decision rationale:** The California MTUS does not address the topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, gym membership was requested so that she could access the heated pool for exercise. She has degenerative joint disease in both knees and anti-gravity exercise would be most beneficial to her since she is also obese. However, there was no mention if the treatment will be monitored or administered by a health professional. The guideline criteria have not been met. Therefore, the request for ████████ Membership for 6 months is not medically necessary.