

Case Number:	CM14-0065671		
Date Assigned:	07/11/2014	Date of Injury:	04/28/1982
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/08/2014

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:

Injured worker is a female with date of injury 4/28/1982. Per visit note dated 6/3/2014, the injured worker complains of neck and back pain. Re reports her pain radiates down the right leg. She describes her pain as stinging. She rates her pain as 5/10. The pain is constant, lasting throughout the day and it is exacerbated by bending, carrying cold, noise, pulling, pushing, standing, stress, twisting, and weather changes. It is relieved by sitting, heat, massage, ice and relaxation. Associated symptoms include numbness and tingling, weakness, bowel dysfunction, bladder dysfunction and headaches. She reports difficulty sleeping due to anxiety. She feels that her ability to sleep has worsened since her last visit. She feels that her relationships with other people have been affected by her pain due to irritability, withdrawal, stress and depression. She has tried acupuncture with 60-80% relief. Overall she reports that her symptoms have improved since her last visit. She is able to tolerate sitting long longer than 25 minutes, standing for 15-20 minutes and walking for 15 minutes. On examination there is tenderness to palpation in the peritrochanteric regions bilaterally. Trigger points palpated in the upper trapezius, lower trapezius, splenius capitis, gluteus medius and quadratus lumborum bilaterally. Motor strength testing identifies mild weakness (4/5 or 4-/5) throughout. There is paresthesia to light touch noted in the medial and lateral legs. Deep tendon reflexes are 2+ bilaterally in upper and lower extremities. SI (Sacroiliac) joint compression test is positive, slump test is positive. She has an antalgic gait on the left. Diagnoses include 1) cervicobrachial syndrome 2) sprains and strains of lumbar region 3) lumbosacral strain 4) chronic pain syndrome 5) sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional six (6) acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The date of injury is over 32 years ago. The injured worker has previously had six sessions of acupuncture certified, and had completed four of those sessions. The injured worker reported benefit from acupuncture treatments, but there is no documented functional improvement. The injured worker still had two sessions of acupuncture treatments remaining at the time of this request. Evaluation following this trial, specifically functional improvement would be necessary to determine if additional acupuncture sessions are indicated. Therefore, the request for Additional six (6) acupuncture visits is not medically necessary and appropriate.

Twelve (12) certified trainer visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99.

Decision rationale: The injured worker is noted to have a date of injury over 32 years ago. The physical therapy that she has participated in is not reported. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. There is no acute injury that may benefit from physical therapy outside of a self-directed home exercise program for continued rehabilitation. A certified trainer is also not a medical professional that can evaluate injuries, provide rehabilitative exercises, and report functional improvement to the treating physician. Therefore, the request for Twelve (12) certified trainer visits is not medically necessary and appropriate.

Independent directed home exercise program at gym: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 section.

Decision rationale: The MTUS Guidelines do not address gym memberships. The ODG does not recommend gym memberships 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. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health profession is not recommended, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 risk of further injury to the patients. Therefore, the request for Independent directed home exercise program at gym is determined to not be medically necessary.