

<b>Case Number:</b>	CM14-0067491		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/16/1989
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old male was reportedly injured on December 16, 1989. The mechanism of injury is lifting the back cover of a truck. The most recent progress note, dated March 17, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed degenerative changes at L3 - L4. Previous treatment includes home exercise and chiropractic care. A request was made for a gym membership, chiropractic care and tramadol and was not certified in the pre-authorization process on April 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG): Low Back - Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** According to the Official Disability Guidelines a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision not been affected and there is a need for additional equipment. Additionally treatment in a gym needs to be monitored and administered by medical professionals. According to the available medical record there is no documentation that a home exercise program has been tried and failed nor mention of an accommodation of a healthcare professional accompanying the injured employee to the gym. For these reasons, this request for a gym membership is not medically necessary.

**Chiropractic Care One (1) time a week:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines chronic chiropractic care may be continued once every other week until the patient has reached a plateau and maintenance treatments have been determined. Additional care beyond what is considered maximum may be necessary in cases of re-injury, interruption of care, exacerbation of symptoms, and those individuals with comorbidities. As this request is for one treatment every week and there is no mention of comorbidities, this request for chiropractic care once a week is not medically necessary.

**One (1) Prescription for Tramadol 50 mg. # 80 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for tramadol is not medically necessary.