

Case Number:	CM14-0208845		
Date Assigned:	12/22/2014	Date of Injury:	01/12/2009
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/13/2014

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 Family Practice, 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 42-year-old male claimant who sustained a work injury on January 12, 2009 involving the low back. He was diagnosed with lumbar disk disease and sacral radiculopathy. He underwent a lumbar laminectomy and developed post laminectomy syndrome. He has an electrical stimulator placed. The claimant had undergone TENS therapy, ultrasound therapy and physical therapy. Due to a depressive disorder he had undergone psychotherapy and at least 6 sessions of cognitive behavioral therapy. A progress note on July 2, 2014 indicated that claimant had 3 - 9/10 pain. Exam findings were notable for paraspinal tenderness in the lumbar spine and limited range of motion. There was a positive left straight leg raise test at 20. A progress note on October 6, 2014 indicated the claimant has continued back pain. The back exam was not performed at the time. The claimant was tapered off his Norco and increase in his Levorphanol for pain. In November 2014 the physician requested additional six cognitive behavioral therapy sessions, one yr spa membership and follow ups with Dr. [REDACTED] (chiropractor).

IMR ISSUES, DECISIONS AND RATIONALES

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

One additional year spa membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG gym/health clubs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership.

Decision rationale: There is no evidence to support a spa membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Consequently a spa membership is not medically necessary.

Extended follow up evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 6, page 112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) follow-up.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case the amount of prior therapy sessions completed is unknown. The amount of follows requested above is also the unknown. According to the guidelines follow-ups are appropriate as medically necessary. In this case there is no justification for follow-up and therefore it is not necessary.

Additional 6 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral therapy Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 31-32.

Decision rationale: According to the guidelines cognitive behavioral therapy falls under chronic pain programs. Outpatient criteria for such therapy are as follows: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated

efficacy as documented by subjective and objective gains. He had already undergone six CBT sessions and at least five psychotherapy sessions over several months. Response to intervention most currently is unknown. Therefore the request for six additional sessions of CBT is not medically necessary.