

Case Number:	CM15-0017652		
Date Assigned:	03/09/2015	Date of Injury:	01/29/1998
Decision Date:	04/13/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 29, 1998. In a Utilization Review Report dated January 16, 2015, the claims administrator failed to approve a request for a gym membership and a urine drug screen. The claims administrator referenced an RFA form received on January 13, 2015 in its determination. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported persistent complaints of low back pain, neck pain, and bilateral upper extremity pain. A gym membership, Remeron, Norflex, Naprosyn, and Protonix were endorsed. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. It was suggested that the gym membership represented a renewal or extension request. Drug testing was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy Page(s): 98; 22.

Decision rationale: No, the one-year gym membership was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 5, page 83, notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Similarly, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Thus, both ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines espouse the position that gym memberships and/or maintaining exercise regimens are matters of applicant responsibility as opposed to matters of payer responsibility. The attending provider also indicated in his progress note of December 18, 2014 that he intended the applicant to receive the gym membership at issue as a means of affording the applicant's access to a pool. However, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines notes that aquatic therapy should be reserved as an optional form of exercise therapy for applicants in whom reduced weight bearing is desirable. Here, the applicant's gait and ambulatory status were not described on the December 18, 2014 progress note at issue. A gym membership, thus, was not indicated, for all of the stated reasons. Therefore, the request was not medically necessary.

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic)Urine drug testing (UDT).

Decision rationale: Similarly, the urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or suggest a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing and, furthermore, suggests that an attending provider should eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context. Here, however, the attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing. The attending provider did not state when the applicant was last

tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.