

Case Number:	CM15-0018576		
Date Assigned:	02/06/2015	Date of Injury:	03/11/1997
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 57-year-old female who reported an injury on 03/11/1997 due to an unspecified mechanism of injury. On 01/12/2015, she presented for a pain management evaluation. It was noted that she had stopped her hydrocodone and switched to tramadol. She reported intermittent pains into the right calf, down to the right heel, neck and back pains and chest pains. A physical examination showed weakness of plantarflexion at 4/5 on the right and spasms of the left side of her neck with burning into the anterior chest and down the left arm. She had decreased reflexes on the left and spasms in the left trapezius. There were lumbar spasms and a positive straight leg raise at 60 degrees. Achilles reflexes were decreased when compared to the patella tendon reflexes and flexion at the waist was to 50. She had numbness on the outside of the left calf. She was diagnosed with lumbar degenerative disc disease, cervical disc disorder and cervical sprains. The treatment plan was for health club sessions, frequency not indicated. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Health club sessions; frequency not indicated: 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 & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend exercise therapy but state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over another exercise regimen. The documentation provided does not state a clear rationale for the medical necessity of health club sessions. Without a clear indication as to why the injured worker requires health club sessions rather than performing a home exercise program or other forms of exercise, the request would not be supported. Also, the frequency was not indicated within the documentation and was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.