

Case Number:	CM15-0132728		
Date Assigned:	07/20/2015	Date of Injury:	06/13/1996
Decision Date:	08/14/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year-old female who sustained an industrial injury on 06/13/1996. Initial diagnoses are not available. Current diagnoses include lumbar disc displacement. Diagnostic testing and treatments to date have been multiple over the course of years, and included MRI, acupuncture, aqua therapy, and epidural injection. She had an reaction to an epidural injection, and has a diagnosis of Barrett's esophageal disease, therefore cannot take anti-inflammatory medication. She benefits from gym membership to work out and maintain muscle tone which allows increased mobility and tolerance. Currently, the injured worker complains of chronic back pain, and severe, burning pain in the posterior right hip that shoots down the right lower extremity. Physical examination is remarkable for tenderness and spasm of the lumbar paraspinal musculature; range of motion is decreased. Requested treatments include acupuncture X8 to the lumbar spine, and gym membership X 3 months - lumbar. The injured worker's status is not addressed. Date of Utilization Review: 06/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X8 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1996 and continues to be treated for low back pain. When seen, there have been multiple treatments over the course of her injury. There had been benefit when exercising and a gym where she was able to work out and maintain muscle tone as well as perform cardiovascular exercises. Physical examination findings included lumbar paraspinal muscle tenderness with muscle spasms and decreased range of motion. There was a normal neurological examination. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

Gym membership X 3 months - lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Membership.

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-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1996 and continues to be treated for low back pain. When seen, there have been multiple treatments over the course of her injury. There had been benefit when exercising and a gym where she was able to work out and maintain muscle tone as well as perform cardiovascular exercises. Physical examination findings included lumbar paraspinal muscle tenderness with muscle spasms and decreased range of motion. There was a normal neurological examination. A gym membership is not recommended 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. If a membership is indicated, continued use can be considered if it can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. The exercises referenced would not require gym access. The requested gym membership is not medically necessary.