

Case Number:	CM15-0190891		
Date Assigned:	10/27/2015	Date of Injury:	10/13/2009
Decision Date:	12/08/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on 10-13-09. The documentation on 8-21-15 noted that the injured worker has complaints of low back pain. There is tenderness over the lumbar paraspinal region and lower back and she has pain with extension and flexion. The diagnoses have included chronic low back and bilateral lower extremity radicular symptoms. Treatment to date has included lumbar surgery in October 2012; home exercise program; MS contin brings the pain level down about 50 percent and allows the injured worker to stay functional; norco; gabapentin; baclofen; klonopin; Zofran and amitriptyline to start on 8-21-15. The documentation noted that the injured worker has been on baclofen since at least 2-23-15. The documentation noted that the injured worker has a need for gym therapy for exercises and that she was getting deconditioned. The original utilization review (9-3-15) non-certified the request for supervised pool therapy membership X1 year (low back and bilateral lower extremities). The request for baclofen 10mg quantity 90 has been modified to baclofen 10mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised pool therapy membership X1 year (low back and bilateral lower extremities):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Gym memberships; TriCare Guidelines, policy manual 6010.54.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Gym memberships.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG, however, discusses when a gym membership is recommended for low back injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. In the case of this worker, there was a request for a membership to a gym which has physical therapists on staff to help supervise and direct therapy in the pool which the provider feels is important for this worker due to her inability to perform exercises successfully at home due to weakness and deconditioning of her legs, which was reported and documented in the notes provided for review. Therefore, it seems appropriate in this case to attend this gym for one year as requested. Therefore the request is medically necessary.

Baclofen 10 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Non sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic

pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was long-term use of muscle relaxants including baclofen more recently. However, there was insufficient documentation of benefit with use. Regardless, this drug class is not recommended for chronic regular use for the diagnoses provided. Therefore, this request for baclofen is not medically necessary.