

Case Number:	CM15-0195447		
Date Assigned:	10/09/2015	Date of Injury:	10/31/2011
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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
 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:

This is a 57 year old female with a date of injury on 10-13-11. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and lower back pain. Progress report dated 8-12-15 reports continued complaints of increased neck and low back pain. She has trouble sleeping averaging 3 hours resulting in feeling tired during the day. She is working modified duty. She has increased burning pain in her neck that radiates into her trapezius musculature and upper back associated with radiating numbness to her left arm and first two fingers on her hand. Objective findings: tenderness to palpation of the cervical and lumbar spine with spasms noted, decreased range of motion to cervical and lumbar spine, decreased sensation on the left side of her neck and left side of the lumbar spine. Treatments include: medications, 18 chiropractic therapy, she reports a decrease in pain for 3 days following treatment, 12 acupuncture visits with no relief, TENS unit with no relief, tried zero gravity massage chair with very good relief for muscle spasms and knots and increasing sleep to 5 hours, terocin patches helped a lot. Request for authorization received 8-31-15 was made for purchase of zero gravity massage chair, orthopedic follow up and a gym membership for 3 months. Utilization review dated 9-8-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic Chapter - Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership.

Decision rationale: Based on progress report dated 08/12/15, the patient presents with neck pain radiating into her trapezius musculature and upper back and back pain radiating into her left hip and down the lateral aspect of her left thigh and hamstring musculature. The request is for gym membership x 3 months. The request for authorization is dated 08/12/15. Patient's diagnoses include HNP of the cervical spine; HNP of the lumbar spine; possible cervical and lumbar radiculopathy; bilateral shoulder impingement bursitis; bilateral AC joint arthrosis. Physical examination reveals TTP of the cervical spine with spasms noted. She has TTP of the lumbar spine with spasms noted. Decreased cervical and lumbar range of motion. Decreased sensation C7 and C8 dermatomes on left. Decrease sensation L4, L5 and S1 dermatomes on left. Right Spurling's maneuver causes pain to the base of the neck on the right side. Bilateral SLR causes a stretching sensation in the back of the legs. Patient's treatments include 18 visits of chiropractic therapy, helped a lot; 12 visits of acupuncture therapy, with no relief; TENS unit, with no relief; has tried a zero-gravity massage chair with very good relief, good relief of muscle spasms and knots, she states she was able to sleep 5 hours after utilizing the chair, versus 2 hours without. Patient's medications include Naproxen, Tramadol, Flexeril, Lidopro Cream. Per progress report dated 08/12/15, the patient is on modified work. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy -including swimming- can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership states, "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." Per progress report dated 08/12/15, treater's reason for the request is "to allow the patient to continue pool and aquatic therapy." However, there is no discussion as to why the patient cannot participate in traditional weight-bearing exercises. Additionally, there are no details nor discussion about the need for the use of specialized equipment such as a pool and the medical necessity for a pool is not established. Furthermore, there are no plans for medical supervision at the gym. ODG does not support gym memberships unless there is a need for a special equipment such as a pool to perform necessary exercises and adequate supervision/monitoring is provided. Therefore, the request IS NOT medically necessary.

Purchase of zero-gravity massage chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, under DME.

Decision rationale: Based on progress report dated 08/12/15, the patient presents with neck pain radiating into her trapezius musculature and upper back and back pain radiating into her left hip and down the lateral aspect of her left thigh and hamstring musculature. The request is for purchase of zero-gravity massage chair. The request for authorization is dated 08/12/15. Patient's diagnoses include HNP of the cervical spine; HNP of the lumbar spine; possible cervical and lumbar radiculopathy; bilateral shoulder impingement bursitis; bilateral AC joint arthrosis. Physical examination reveals TTP of the cervical spine with spasms noted. She has TTP of the lumbar spine with spasms noted. Decreased cervical and lumbar range of motion. Decreased sensation C7 and C8 dermatomes on left. Decrease sensation L4, L5 and S1 dermatomes on left. Right Spurling's maneuver causes pain to the base of the neck on the right side. Bilateral SLR causes a stretching sensation in the back of the legs. Patient's treatments include 18 visits of chiropractic therapy, helped a lot; 12 visits of acupuncture therapy, with no relief; TENS unit, with no relief; has tried a zero-gravity massage chair with very good relief, good relief of muscle spasms and knots, she states she was able to sleep 5 hours after utilizing the chair, versus 2 hours without. Patient's medications include Naproxen, Tramadol, Flexeril, Lidopro Cream. Per progress report dated 08/12/15, the patient is on modified work. ODG guidelines, Chapter Knee & Leg and Title DME, states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." Per progress report dated 08/12/15, treater's reason for the request is "for the patient to utilize at home. She states she has tried one before with very good relief, and she believes this will help her take less medications, as well as sleep longer and better." However, the treater does not provide an explanation for the medical purpose of the Massage Chair. ODG does not recommend a durable medical equipment unless it has a specific medical purpose. Therefore, the request IS NOT medically necessary.

Follow-up orthopedic visit: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: Based on progress report dated 08/12/15, the patient presents with neck pain radiating into her trapezius musculature and upper back and back pain radiating into her left hip and down the lateral aspect of her left thigh and hamstring musculature. The request is for follow-up orthopedic visit. The request for authorization is dated 08/12/15. Patient's diagnoses include HNP of the cervical spine; HNP of the lumbar spine; possible cervical and lumbar radiculopathy; bilateral shoulder impingement bursitis; bilateral AC joint arthrosis. Physical examination reveals TTP of the cervical spine with spasms noted. She has TTP of the lumbar spine with spasms noted. Decreased cervical and lumbar range of motion. Decreased sensation C7 and C8 dermatomes on left. Decrease sensation L4, L5 and S1 dermatomes on left. Right Spurling's maneuver causes pain to the base of the neck on the right side. Bilateral SLR causes a stretching sensation in the back of the legs. Patient's treatments include 18 visits of chiropractic therapy, helped a lot; 12 visits of acupuncture therapy, with no relief; TENS unit, with no relief; has tried a zero-gravity massage chair with very good relief, good relief of muscle spasms and knots, she states she was able to sleep 5 hours after utilizing the chair, versus 2 hours without. Patient's medications include Naproxen, Tramadol, Flexeril, Lidopro Cream. Per progress report dated 08/12/15, the patient is on modified work. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Treater does not discuss this request. In this case, the patient continues with neck and back pain. ACOEM and MTUS indicate that such consultations are supported by guidelines at the care provider's discretion. While MTUS does not explicitly state how many follow-up visits are considered appropriate, regular follow up visits are an appropriate measure, and the provider is justified in seeking re-assessments to monitor the patient's condition. Therefore, the request IS medically necessary.