MAXIMUS Federal Services

Case Number:	CM15-0196658		
Date Assigned:	10/12/2015	Date of Injury:	01/12/2009
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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: Emergency 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 injured worker is a male individual who sustained an industrial injury on 1-12-09. The medical records indicate that the injured worker is being treated for lumbar post-laminectomy syndrome; sacral radiculopathy; lumbar disc with radiculopathy; depressive disorder. He currently (9-16-15) complains of constant left sided low back pain and stiffness with numbness and tingling in the left lower extremity. There is sleep disruption and anxiety, depression and headaches. The 8-19-15 progress note indicates constant low back pain with a pain level of 3 -9 out of 10; constant mid back pain with a pain level of 3-7 out of 10. His pain varies from day to day with activity per documentation and his pain levels were consistent from 3-17-15 to 9-16-15. He has undergone an MRI (2-23-09) showing L5-S1 left sided disc protrusion; electromyography (4-24-09) showing denervation of the L5 and S1 muscles consistent with left L5-S1 radiculopathy. There was decreased lumbar range of motion, positive straight leg raise, Kemps, Fabre compression and Soto Hall for the neck. He is being treated with medications: methadone with benefit, naproxen with effect, Abilify, gabapentin, Lidoderm 5% patch; Pristiq ER, risperidone; spinal cord stimulator with benefit; psychological evaluation with benefit for depression. The 7-17-15 note indicates that the injured worker needs a 1-year spa membership as his prior membership has expired and he needs ongoing help from a rehabilitation specialist. The request for authorization was not present. On 9-16-15 Utilization Review non-certified the requests for re-evaluation-management and 1 year spa membership

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: As per ACOEM guidelines, patients with long term delayed recovery or disability should be reevaluated and changes to treatment plan may be considered. Patient has ongoing chronic pain being managed with active medications and other treatments. Denial of reevaluation is not appropriate. Re-evaluation is medically necessary.

One (1) year spa membership: 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 and Thoracic, Gym membership.

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any sections that relate to this topic. This request is not for supervised physical therapy but a "spa membership". Unsupervised gym or spa memberships are not medical treatments with no structured plan and no information returning to provider. Spa membership is not medically necessary.