

Case Number:	CM15-0200380		
Date Assigned:	10/19/2015	Date of Injury:	09/26/1992
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old female, who sustained an industrial injury on 9-26-1992. Medical records indicate the worker is undergoing treatment for chronic pain, cervical radiculopathy, lumbar radiculopathy and carpal tunnel syndrome with surgical repair. A recent progress report dated 9-24-2015, reported the injured worker complained of neck pain radiating bilaterally to the shoulders with bilateral temporal headaches, low back pain and right hip pain. Pain was rated 6 out of 10 with medications and 8 out of 10 without medications. Physical examination revealed cervical trapezius tenderness to palpation with increased pain with range of motion and pain limited lumbar range of motion. Treatment to date has included gym membership expiring, cervical medial branch block, lumbar epidural steroid injection, physical therapy and medication management and acupuncture. The physician is requesting 4 sessions of acupuncture for the lumbar spine and a 6 month gym membership with pool access. On 10-5-2015, the Utilization Review noncertified the request for 4 sessions of acupuncture for the lumbar spine and a 6 month gym membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 acupuncture sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: 4 acupuncture sessions for the lumbar spine is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation indicates that that the patient has had prior acupuncture, however the documentation does not reveal evidence of increase in function from prior acupuncture therefore additional acupuncture is not medically necessary.

6 month gym membership with pool access: 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): Gym memberships.

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 -Gym memberships.

Decision rationale: 6 month gym membership with pool access is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for a 6 month gym membership is not medically necessary.