

Case Number:	CM15-0023019		
Date Assigned:	02/12/2015	Date of Injury:	07/19/2013
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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:

The injured worker is a 54-year-old female who reported an injury on 07/19/2013 due to an unspecified mechanism of injury. On 12/26/2014 she presented for a followup evaluation regarding her work related injury. She had reported back pain rated at a 4/10 to 6/10 that would improve with adjustment and pain medications. The pain was noted to increase with prolonged activities. A physical examination showed tenderness to the lumbar spine paravertebral muscles. She had a normal gait and lumbar spine flexion was at 65 degrees with mild pain. She was diagnosed with lumbar spine sprain and strain, lumbar spine radiculitis, and rule out lumbar spine disc injury. The treatment plan was for a gym membership for home exercise and 8 chiropractic sessions 2 times a week for 4 weeks for the lumbar spine to address the injured worker's pain and deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for home exercise: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Gym Memberships.

Decision rationale: The Official Disability Guidelines state that gym memberships are 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. The documentation provided does not show that the injured worker meets the criteria for which a gym membership would be considered medically necessary. There is no indication that a home exercise program with periodic assessment and revision has been shown to not be effective and there is no documentation indicating that there is a need for equipment. Without a clear rationale to support the medical necessity of the request, the request would not be supported. Therefore, the request is not medically necessary.

8 Chiropractic sessions 2 times a week for 4 weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines state that manual therapy and manipulation is recommended for a trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks is recommended. The documentation submitted for review indicates that the injured worker had already been attending chiropractic therapy. Further clarification is needed regarding how many sessions she had attended, as well as her response to those sessions in terms of a quantitative decrease in pain and an objective improvement in function. Without this information, additional chiropractic therapy sessions would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.