

Case Number:	CM15-0023180		
Date Assigned:	02/12/2015	Date of Injury:	03/06/1998
Decision Date:	04/06/2015	UR Denial Date:	01/06/2015
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, Arizona
 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 76-year-old male who reported injury on 03/06/1998. The mechanism of injury was due to a slip and fall. His diagnoses include lumbago and lumbar spine degenerative disc disease. His past treatments included physical therapy, acupuncture, medications, and chiropractic care. On 12/23/2014, the injured worker complained of low back pain rated 8/10 that radiated down the lower extremities. It was also noted that pain was controlled with medications and prolonged sitting and standing made it worse. The physical examination noted the lumbar range of motion with flexion at 45 degrees, extension at 10 degrees, right lateral flexion at 15 degrees and left lateral flexion at 15 degrees. He was also noted to have a positive straight leg raise bilaterally with decreased sensation with reflexes and sensation. The treatment plan also included a request for self monitor regarding water therapy and gym membership. A rationale was not provided. A Request for Authorization form was submitted on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Panels (Chem 8, CBC, CPK, Hepatic Function Panel, and Arthritis Panel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Preoperative Testing(e.g. chest radiography, laboratory testing, urinalysis).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for Lab Panels (Chem 8, CBC, CPK, Hepatic Function Panel, and Arthritis Panel) is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests for injured workers treated with NSAIDs on a long term basis. The injured worker was indicated to have been on Neurontin for an unspecified duration of time. However, there was lack of documentation to indicate the medical necessity for a lab panel as the initial therapy was undetermined. Furthermore, there was lack of documentation of blood pressure monitoring as recommended by the guidelines. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Self Monitored regarding Water Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines; Self-monitored water therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for Self-Monitored regarding Water Therapy is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable, for example extreme obesity. The injured worker was noted to have participated in various conservative care treatments. However, there was lack of documentation to indicate the medical necessity to reduce weight bearing as an alternative to land based physical therapy. There was also lack of documentation to indicate the injured worker had extreme obesity. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Gym 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: Lumbar Chapter; 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 membership.

Decision rationale: The request for Gym membership is not medically necessary. The Official Disability Guidelines do not recommend Gym Membership as a medical prescription unless a documented home exercise program with periodic assessments and revision has not been effective. The injured worker was indicated to have participated in several conservative treatments. However, there was lack of documentation to indicate a medical necessity for a gym membership due to lack of medical supervision. There was also lack of documentation to indicate the injured worker had failed a home exercise program or was well versed in a home exercise program due to her extensive conservative treatments. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.