MAXIMUS Federal Services

Case Number:	CM15-0223921		
Date Assigned:	11/20/2015	Date of Injury:	02/21/2007
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/13/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 51-year-old female, who sustained an industrial injury on 2-21-07. The injured worker was being treated for pain in limb, shoulder impingement, cervical radiculopathy and cervical sprain-strain. On 9-24-15, the injured worker complains of continued chronic knee pain with radiation to bilateral upper extremities as well as headaches. She also complains of difficulty completing daily activities including personal hygiene and household chores. She is currently not working. Physical exam performed on 9-24-15 revealed an uncomfortable appearing woman, guarding, spasm and tenderness in paravertebral musculature of the cervical spine with a painful decreased range of motion and tenderness and muscle spasms in bilateral trapezius as well as the occiput; grip strength is diminished bilaterally and on 10-15 revealed decreased range of motion of motion of cervical spine with spasm and bilateral shoulder decreased range of motion and decreased range of motion of lumbosacral spine with spasm. Treatment to date has included oral medications including Cymbalta, Elavil and Melatonin; and an unknown number of acupuncture sessions. The treatment plan included request for authorization for physical therapy, acupuncture and a gym membership. On 10-15-15 request for physical therapy, acupuncture and a gym membership was non-certified by utilization review. Other medication list include Provigil, Xanax. The patient had MRI of the right shoulder on 11/14/13 that revealed degenerative changes and labral tear; MRI of the cervical spine on 3/27/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The patient had received an unspecified number of acupuncture and PT visits for this injury. Per the note dated 10/26/15, the patient had complaints of fatigue, anxiety and insomnia. A recent

detailed physical examination was not specified in the records specified. The patient sustained the injury due to cumulative trauma. The patient had EMG of upper extremity with normal findings. The patient had received an unspecified number of psychotherapy visits for this injury. The patient has had history of sexual harassment. The patient had stress related GI symptoms including vomiting and diarrhea. The patient had psychological tests in 2009 that revealed major depressive disorder and anxiety. The patient had psychological evaluation on 4/13/15 that revealed depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga, 2 times weekly for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Yoga. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Yoga.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Pain (updated 12/02/15), Yoga.

Decision rationale: Yoga, 2 times weekly for 1 year, CA, MTUS, Chronic pain treatment guidelines does not completely address this request therefore ODG was used. Per the cited guidelines, "Yoga: Recommended as an option only for select, highly motivated patients. Since outcomes from this therapy are very dependent on the highly motivated patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient." The current level of motivation in this patient for doing the Yoga is not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The response and compliance to yoga therapy in this patient is not known. In this situation, a rationale for the request for yoga for the duration of one year is not specified in the records provided. The medical necessity of the request for Yoga, 2 times weekly for 1 year is not fully established for this patient.

Gym membership, 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoudler - 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) Chapter: Low Back (updated 12/02/15), Gym memberships.

Decision rationale: Gym membership, 1 year, ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "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." A contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to conservative therapy was not specified in the records provided. A detailed rationale for Gym membership for the duration of 1 year was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The medical necessity of the request for Gym membership, 1 year is not fully established in this patient.

Acupuncture, right shoulder, 2 times weekly for 4 weeks, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture, right shoulder, 2 times weekly for 4 weeks, 8 sessions. Per the CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, that patient is taking currently. The patient has received an unspecified number of PT visits for this injury. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Patient has received an unspecified number of acupuncture visits for this injury. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria. The prior acupuncture therapy visit notes were not specified in the records provided. There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided. A detailed response to prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The medical necessity of the request for Acupuncture, right shoulder, 2 times weekly for 4 weeks, 8 sessions is not fully established for this patient.