

Case Number:	CM15-0036742		
Date Assigned:	03/05/2015	Date of Injury:	12/31/1996
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 60 year old female, who sustained an industrial injury on 12/31/96. She has reported pain in the back, neck, shoulders and knees related to a motor vehicle accident. The diagnoses have included lumbar degenerative disc disease, cervical degenerative disc disease, degeneration of the left knee meniscus and bilateral plantar fasciitis. Treatment to date has included acupuncture, chiropractic treatments and pain medications. As of the PR2 dated 2/2/15, the injured worker reports 7/10 low back pain and 8/10 left knee pain. The treating physician noted restricted range of motion in the lower back and left knee. The treating physician requested a 4 month gym membership and 6 sessions of chiropractic adjustments and adjunctive physical therapy. On 2/18/15 Utilization Review non-certified a request for a 4 month gym membership and 6 sessions of chiropractic adjustments and adjunctive physical therapy. The utilization review physician cited the ODG guidelines and the MTUS guidelines for chronic pain medical treatment. On 2/26/15, the injured worker submitted an application for IMR for review of a 4 month gym membership and 6 sessions of chiropractic adjustments and adjunctive physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Month 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic); Official Disability Guidelines (ODG), Pain (Chronic), Tai Chi.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPEC).

Decision rationale: According to MTUS guidelines, “There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime”. According to ODG guidelines, Gym memberships “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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for 4 month Gym membership is not medically necessary.

6 Sessions of chiropractic adjustments and adjunctive physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Manual therapy & manipulation; Neck and Upper Back (Acute & Chronic), Manipulation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, “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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be

inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm". Furthermore and according to MTUS guidelines, "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites". The patient developed chronic back neck pain and musculoskeletal disorders. She is a candidate for treatment with acupuncture. However, the frequency of the treatment should be reduced from 6 to 3 or less sessions. More sessions will be considered when functional and objective improvement are documented. In addition, the provider should document the efficacy of previous physical therapy and chiropractic sessions. Therefore, the request is not medically necessary.