

Case Number:	CM15-0047396		
Date Assigned:	03/19/2015	Date of Injury:	10/27/2004
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii
 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 47 year old male, who sustained an industrial injury on 10/27/2004. Initial complaints reported included low back pain/injury from cumulative trauma. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, lumbar fusion, MRIs, x-rays, physical therapy, psychological evaluation/therapy, chiropractic manipulation, and epidural steroid injections. Currently, the injured worker complains of persistent moderate to severe low back pain with radiation to the bilateral lower and upper extremities with a pain rating of 10/10 without medications, and 6/10 with medications. Current diagnoses include cervical radiculopathy, lumbosacral radiculopathy, lumbar post laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, low back pain, muscle pain, knee pain, lumbosacral radiculitis, chronic pain/syndrome, degeneration of cervical and lumbar intervertebral disc, and headaches. The treatment plan consisted of continued medications, massage therapy, 12 month gym membership and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of massage therapy evaluate and treat for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The patient presents with pain affecting the low back. The current request is for 12 sessions of massage therapy evaluate and treat for the low back. The treating physician states, "He would benefit from some focused sessions to add to his evidence based exercise program. This is a long standing injury with chronic myofascial pain." (12B) The treating physician also documented that the patient had a lumbar fusion. (4B) The MTUS guidelines state, "Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits." In this case, the treating physician has documented that the patient is still in pain, despite surgery and medication usage, but has requested an amount which would exceed the recommended guidelines. Recommendation is for denial. The request is not medically necessary.

12 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) Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back Lumbar & Thoracic Chapter, Gym membership topic & Health Clubs.

Decision rationale: The patient presents with pain affecting the low back. The current request is for 12 month gym membership. The treating physician states, "The patient has been sent to physical therapy twice over the past couple of years for re-coaching for home exercise programs. The patient did well with improved functioning and pain reduction during physical therapy but could not perform the same exercises at home due to lack of equipment." (12B) The ODG guidelines state, "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." In this case, the treating physician has documented a need for the equipment a gym would provide for the patient. However, there is no plan documented for monitoring of this treatment or any mention that this would be administered by medical professionals. The current request is not medically necessary and the recommendation is for denial.