

Case Number:	CM15-0056380		
Date Assigned:	04/01/2015	Date of Injury:	12/23/2013
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/24/2015

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 45 year old male, who sustained an industrial injury on 12/23/2013. He reported that while pulling a cart backward the cart caught on his foot causing him to fall backward with the injured worker landing on his tailbone. The injured worker was diagnosed as having coccygodynia, contusion of the buttocks, lower back contusion, and left shoulder sprain/strain. Treatment to date has included physical therapy, magnetic resonance imaging of the left shoulder, status post anterior lumbar three to four and lumbar four to five decompression and fusion, physical therapy, magnetic resonance imaging of the left shoulder. In a progress note dated 02/20/2015 the treating neurologist reports complaints of low back pain with numbness to the right leg and has a pain rating of a five out of ten. The treating neurologist requested that the injured worker resumes a gym program, but the documentation provided did not indicate the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Therapy, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back.

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 Lumbar & Thoracic Chapter, Gym membership topic & Health Clubs.

Decision rationale: The patient presents with pain affecting the low back, which radiates into the bilateral lower extremities. The current request is for Gym Therapy, Lumbar Spine. The physical therapist states: Patient is benefiting from skilled PT. Pt slowing progressing in terms of functional mobility tolerance, recall to HEP, and self- motivation. (786B) The treating physician goes onto state that the patient had L3-L4 & L4-5 fusion on 9/16/15 and received physical therapy afterwards but is wheelchair bound. The reviewing physician documents that in the treating neurologist's 2/20/15 report the doctor requested that the patient resumes a gym program but did not state the specific reason for this request. The 2/20/15 report was not provided for review. 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 not documented a plan for the monitoring of this treatment, duration of membership, or any mention that this would be administered by medical professionals. The current request has not met guideline criteria for medically necessary and the recommendation is for denial.