

Case Number:	CM15-0082625		
Date Assigned:	05/05/2015	Date of Injury:	08/27/2014
Decision Date:	06/03/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41year old male, who sustained an industrial injury on 8/27/2014. He reported low back pain after lifting a heavy tank. The injured worker was diagnosed as having low back pain, lumbar or thoracic radiculitis/radiculopathy, and lumbar disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, myofascial pain, and neuralgia. Treatment to date has included medications, physical therapy, acupuncture, nerve block, lumbar epidural, magnetic resonance imaging, and TENS unit. The request is for Lidocaine 5% cream/gel/ointment, acupuncture, and a gym membership with pool. On 4/1/2015, he complained of low back pain with radiation into the left leg. He rated his pain as 6/10, with an average pain of 3/10. He reported being unable to exercise due to pain. The records indicate acupuncture provided excellent relief, nerve block, and physical therapy and TENS unit provided moderate relief. His medications are listed as Lidocaine 5% cream, Flexeril, and Naprosyn. The treatment plan included: acupuncture, gym membership with pool, laboratory evaluations, Lidocaine cream, and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% cream/gel/ointment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in August 2014 and continues to be treated for radiating low back pain. When seen for an initial evaluation, pain was rated at 3/10. Gabapentin had not been tolerated. There was decreased and painful lumbar spine range of motion. There was tenderness with trigger points and facet loading was positive. There was decreased left lower extremity sensation. Medications prescribed included Naprosyn, Flexeril, and topical Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. In this case, the claimant has localized low back pain and a history of oral medication intolerance. Prescribing topical lidocaine was medically necessary.

Acupuncture 2 times per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2014 and continues to be treated for radiating low back pain. When seen for an initial evaluation, pain was rated at 3/10. Gabapentin had not been tolerated. There was decreased and painful lumbar spine range of motion. There was tenderness with trigger points and facet loading was positive. There was decreased left lower extremity sensation. Medications prescribed included Naprosyn, Flexeril, and topical Lidocaine. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

Gym membership with pool for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87 Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The claimant sustained a work-related injury in August 2014 and continues to be treated for radiating low back pain. When seen for an initial evaluation, pain was rated at 3/10. Gabapentin had not been tolerated. There was decreased and painful lumbar spine range of motion. There was tenderness with trigger points and facet loading was positive. There was decreased left lower extremity sensation. Medications prescribed included Naprosyn, Flexeril, and topical Lidocaine. A 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. Therefore, the requested gym membership is not medically necessary.