MAXIMUS Federal Services

Case Number:	CM15-0235170		
Date Assigned:	12/10/2015	Date of Injury:	11/08/2011
Decision Date:	01/20/2016	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	12/01/2015

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 York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 was a 55 year old male, who sustained an industrial injury on November 8, 2011. The injured worker was undergoing treatment for lumbosacral radiculopathy, lumbar segmental dysfunction, and lumbar facet syndrome and pain disorder related to psychological factors. According to progress note of October 1, 2015, the injured worker's chief complaint was chronic low back pain with intermittent radicular symptoms that occur in the right lower extremity. The pain was described as shooting pain that extend into the posterior aspect of the right leg. The pain was made worse with activity and better with medication and conservative treatment. The injured worker completed 6 sessions of chiropractic services with a reduction of pain for 6 out of 10 to 5 out of 10 with increased tolerance for house hold chores. The injured worker reported difficulty with falling asleep and staying asleep. The physical exam noted normal muscle tone and strength of the upper and lower extremities. There was no tenderness palpated or edema noted in any extremity. The injured worker previously received the following treatments lumbar spine flexion and extension x-rays on April 14, 2015 which showed multilevel degenerative disc disease greatest at L5-S1 stable since August 27, 2014. Medications are Venlafaxine, Gabapentin, Buprenorphine, and Eszopiclone. The UR (utilization review board) denied certification on October 28, 2015 for chiropractic services time 6 for the lumbar spine and gym membership trail for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x6 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines state that chiropractic therapy is recommended for short term relief during the early phase of pain treatment with continuation if it has been effective. In this case, the patient had 6 prior chiropractic sessions with only minimal pain relief. The request for additional chiropractic sessions x 6 for lumbar spine is not medically necessary and appropriate.

Gym membership, 3 month trial: 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 Chapter, updated 9/22/15- 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) Gym Membership.

Decision rationale: Guidelines do not support consideration of gym membership. In this case, the patient has completed a functional restoration program which should allow the patient to pursue independent exercises on their own. The request for gym membership trial of 3 months is not medically necessary and appropriate.