

Case Number:	CM14-0160544		
Date Assigned:	10/06/2014	Date of Injury:	09/02/2008
Decision Date:	10/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who sustained an injury on 09/02/08. On 08/14/14, she complained of upper back/shoulder blade pain, which was described as constant, sharp, and stabbing, with an average intensity of 2/10. She continued to do core strength and yoga, which diminished her pain. She benefited greatly from gym membership and exercise; she only takes her medications on an as needed basis. She had massage therapy with good relief. On exam, functional cervical range of motion had very mild tenderness in all planes and increased paracervical tone was noted. Left proximal clavicle and right distal clavicle were prominent. There were multiple trigger points in the neck bilaterally. Cervical magnetic resonance imaging scan dated 04/16/09 demonstrated C5-6 and C6-7 retrolisthesis with a protruded disc and spinal stenosis and central T1-2 subannular disc extrusion and a small right T2-3 disc protrusion. In the past, she underwent anterior cervical discectomy and fusion C5-7 and the 3rd and 4th fingers surgery. Current medications include Robaxin, ibuprofen, and tramadol. Past treatments have included pain medications, conservative treatment, exercise, and massage. Her diagnoses include post traumatic stress disorder, cervicgia, thoracic spine pain, chronic pain syndrome, acute stress disorder, and myalgia and myositis. The request for one year gym membership and continued massage therapy (in 4 sessions) were denied on 09/23/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Membership to A Gym: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gym Membership Page(s): 98.

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 (Acute & Chronic), Gym Memberships

Decision rationale: Per the Official Disability Guidelines, 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. 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 membership or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for workers 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 injured worker. 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 is not medically necessary.

Continue Massage Therapy (In Sessions) Qty: 4: Upheld

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

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

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, massage therapy treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains (Walach 2003). The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. In this case, there is no record of prior massage therapy notes demonstrating any improvement in pain level or function. Furthermore, the requested service, in addition to previous message therapy sessions, would exceed the guidelines recommended maximum of 6 visits. Thus, the request is not medically necessary.

