

Case Number:	CM14-0162709		
Date Assigned:	10/14/2014	Date of Injury:	09/04/2012
Decision Date:	11/14/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 46-year old female who was injured on 9/4/2012. She was diagnosed with lumbar sprain/strain, injury to nerve root, lumbar neuritis, lumbar intervertebral disc displacement, cervical spine multilevel spondylosis, and chronic pain. She was treated with multiple oral medications, physical therapy, epidural injections, TENS unit, lumbar surgery, acupuncture, and topical analgesics. The worker was seen by her primary treating physician on 8/29/2014 complaining of her chronic and unchanged back pain which radiates to her leg rated at 6/10 on the pain scale. She was then recommended to see one of her two pain specialists, get a gym membership for the purpose of doing pool therapy to help her lose weight, recommended the spinal cord stimulator (which was rejected previously by the worker on 7/18/2014), and continue her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124, 77, 81.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. The worker in this case had been seeing two pain specialists at the time of the request and this request was for the worker to again see one of them. There is no need for both pain specialists and a primary provider to manage one patient as the pain specialist in question did not recommend any unique treatment that couldn't be provided by either of the other providers seeing the worker, especially since there was no plan to use a spinal cord stimulator, which the worker rejected. Therefore, the pain management consult is not medically necessary.

GYM MEMBERSHIP FOR 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 45-47. Decision based on Non-MTUS Citation Low Back section, Gym membership

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for spinal injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. Therefore, the gym membership is not medically necessary. In the case of this worker, there is not enough evidence to suggest that the worker requires water-based exercises for weight loss as there was no report seen in the notes available for review describing any difficulty with her home exercises. Exercise as a form of weight loss is much more challenging and less productive for individuals who have chronic pain. Dietary modification is first-line therapy for weight loss in all individuals, but especially those with chronic pain. Therefore, the gym membership is not medically necessary.

