

Case Number:	CM14-0180133		
Date Assigned:	11/04/2014	Date of Injury:	02/22/2010
Decision Date:	12/09/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine 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 (IW) is a 44- year-old female with a date of injury of February 22, 2010. The mechanism of injury is not documented in the medical record. Pursuant to the handwritten and largely illegible note in the medical record dated October 8, 2014, the documentation states that the IW was last seen in February of 2013. She lost 80 pounds, which helped pain but not the low back. Left side dominant with diffuse non-dermatomal bilateral leg pain and bilateral ischial radiation. There were no subjunctive findings. Objective physical findings include significant weight loss (50#), current weight is 285 pounds. Minimal L/S ROM (range of motion) Pain (unclear) L3-S1. No focal motor deficit (unclear) lower extremities. Medications include: Cymbalta, Diclofenac, Topamax, Trazodone, Baclofen, and Percocet. She gets Cannabis and Methadone through her PCP (primary care physician). Documentation states TENS unit is helpful. The physician documented that 6 sessions of acupuncture were not effective due to passive interruption historically. The IW is followed by a pain specialist for (unclear). The IW has made excellent progress in weight loss and dietary changes and (unclear) gym-based program (swim, stretch). Depression has been well controlled with Cymbalta. The IW has been diagnosed with chronic pain syndrome, and L/S (lumbar spine) degenerative disc disease. The provider is recommending 1 year gym membership and 6 sessions of acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for one year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic (Acute and Chronic) Chapter

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 Section, Gym Membership

Decision rationale: Pursuant to the Official Disability Guidelines, the gym membership is not medically necessary. According to the guidelines, gym memberships are not recommended as a medical prescription unless it documented home exercise program periodic assessment revision has not been effective and there is a need for equipment. Gym memberships, health clubs, swimming pools, athletic clubs would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the requesting physician requested a gym membership for the injured worker. The Official Disability Guidelines specifically does not recommend gym memberships because they are not considered medical treatment. Additionally, there is no clear indication the gym membership constitutes a monitored supervised treatment plan rendered by a healthcare provider. Consequently, the gym membership is not medically necessary.

Six sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic (Acute and Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines, six sessions of acupuncture is not medically necessary. The Official Disability Guidelines enumerated acupuncture guidelines based on frequency and duration. The initial trial report 3 to 4 visits over two weeks with evidence of reduced pain, medication use and objective functional improvement. A total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. In this case, the medical record contains a prescription with a diagnosis of chronic pain syndrome, L5/S1, six acupuncture sessions. It is unclear from the medical record whether the injured worker received any prior acupuncture treatments. Based on the request, however, six acupuncture sessions exceed the recommendation of 3 to 4 visits over two weeks with reevaluation for functional objective improvement. Also, the request does not address the location to be treated. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, acupuncture accessions is not medically necessary.