

Case Number:	CM14-0183128		
Date Assigned:	11/07/2014	Date of Injury:	08/01/2007
Decision Date:	12/11/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 is a 45-year-old male who sustained an injury on 8/1/07. As per the 8/13/14, secondary treating physician's PR2 report (who is treating the patient for cervical spine with date of injury on 8/1/07), he presented with constant neck pain radiating to the upper extremities with numbness and tingling. The pain was rated at 8-9/10. Objective findings revealed cervical range of motion was flexion 40, extension 40, right lateral flexion 30, left lateral flexion 30, right rotation 65, and left rotation 65. X-ray of the cervical spine 7-views dated 1/14/14 revealed anterior cervical fusion at C5-6 with hardware in place. He is status post cervical decompression instrumented fusion at C5-6 with left iliac crest bone graft on 9/6/11 and his cervical spine has improved status post fusion. Current medications include Cyclobenzaprine, Naproxen, and Percocet. He was taking Norco before that. He has previously had cervical spine epidural injection on 1/14/13. Cervical spine acupuncture and gym membership were recommended. He is also being treated for left hip and lumbar spine by his primary care physician. Diagnoses include cervical spine pain status post surgery. (He is also being treated for complaints of lumbar spine and left hip with an injury date of 1/23/11 by his primary treating physician). The request for Gym Membership (Year) was denied and Cervical Spine Acupuncture x 8 was modified to cervical spine acupuncture x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (Year): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines online

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

Decision rationale: Per ODG 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 patients 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 patient. Furthermore, Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines.

Cervical Spine Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The medical records do not establish the patient is a candidate for Acupuncture trial per guidelines (No documentation of attempt in reducing pain medications and initial request for 8 sessions). Therefore, the medical necessity of the request of Acupuncture is not established.