

Case Number:	CM14-0091943		
Date Assigned:	07/25/2014	Date of Injury:	06/05/2012
Decision Date:	09/18/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/17/2014

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 Interventional Spine 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 patient is a 33 year old male with an injury date on 06/05/2012. Based on the 05/07//2014 progress report provided by [REDACTED], the patient complains of low back pain. The low back pain radiated to the left leg and foot. The patient stated the pain was rated 7/10. The pain was made worse with flexion and extension, and made better with lying down and rest. Dr. [REDACTED] included no loss of deep tendon reflexes, sensation, or motor strength in the low extremities. There was tenderness to the paraspinal muscles with noted trigger points. There is a negative SLR. The diagnoses include the following: 1. Lumbar disc bulge. 2. Lumbar strain 3. L4- S1 spinal stenosis. Dr. [REDACTED] is requesting a 6 month gym membership for swimming and chiropractic sessions (quantity unspecified). The utilization review determination being challenged is dated 05/17/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 9/19/2012 to 8/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month Gym membership for swimming: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Gym membership for low back chapter.

Decision rationale: According to the 05/07/2014 report by Dr. [REDACTED], this patient presents with low back pain. The treating physician is requesting for a 6 month gym membership for swimming. The Official Disability Guidelines (ODG) states "Gym memberships are 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." In this case, the treating physician does not discuss why the patient is not able to do home exercises. There is no discussion regarding the need for special equipment and how the patient is to be medically supervised. Request is not medically necessary.

Chiropractic sessions (qty unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58,59.

Decision rationale: According to the 05/07/2014 report by Dr. [REDACTED], this patient presents with low back pain. The treating physician is requesting chiropractic sessions (quantity unspecified). For chiropractor treatments, MTUS pages 58 and 59 allows "A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." In this case, the treating physician does not specify the number of requested sessions. There is evidence that the patient has had chiropractic treatments in the past as there is an evaluation by a chiropractor on 11/9/12. However, it is not known how the patient responded to prior chiropractic treatments. Furthermore, the treating physician does not indicate why the patient needs chiropractic treatments at this time. There are no new injuries, flare-up's or decline in the patient's function documented. Request is not medically necessary.