

<b>Case Number:</b>	CM14-0092589		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/08/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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, has a subspecialty in Pulmonary Diseases 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 43 year old female who reported an injury on 04/08/2006. The mechanism of injury was not provided. Her diagnoses included pain disorder associated with both psychological factors and a general medical condition. The past treatment included physical therapy, medications, night splints, and acupuncture. Her diagnostic studies are an EMG/NCS performed on 12/23/2010 of the bilateral upper extremities which revealed no indicators of carpal tunnel syndrome, ulnar neuropathy, or acute cervical neuropathy. There were no relevant surgeries noted. On 03/20/2014, the injured worker complained of increased pain in her back, neck, and head. She reported that the pain increased after an injection to her left foot. The pain had remained in the injection site area but was then reported to be nerve pain in her foot and leg. She reported that acupuncture helped manage the pain. Upon physical examination, she was noted to have limited activity due to pain and had difficulty moving from a sitting to standing position. On 03/13/2014, she reported that physical therapy and acupuncture reduced the pain by at least 50%. Her current medications were not provided. The treatment plan was for the injured worker to participate in five supportive psychological treatment sessions, encouraged to increase her activity level and socialization, to complete the remaining authorized session, and a request for six additional sessions. The rationale for the request was to decrease symptoms of depression and anxiety, manage pain symptomology, and increase productive activity. The request for authorization form was signed and submitted on 05/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x6 cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

**Decision rationale:** The request for additional physical therapy 2x6 cervical and lumbar spine is not medically necessary. The California MTUS Guidelines state physical therapy may be recommended based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The injured worker was noted to have completed six out of six sessions of physical therapy with minimal change in her symptoms. On 03/13/2014, she reported that physical therapy and acupuncture reduced the pain by at least 50%, however there were no functional improvements noted. Treatment is recommended up to ten visits over 8 weeks. The documentation did not provide sufficient evidence in objective functional improvement or decrease in pain allowing completion of her activities of daily living. In the absence of documentation with evidence of increased functional gains and a decrease in severity of pain due to previous physical therapy sessions, the request is not supported. Therefore, the request is not medically necessary.

**Additional acupuncture 2x6 cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for additional acupuncture 2x6 cervical and lumbar spine is not medically necessary. The California MTUS Acupuncture Medical Treatment Guidelines state that 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. Acupuncture treatments may be extended if functional improvement is documented. The injured worker was noted to have severe headaches, and she reported acupuncture helped manage the pain. There was no documentation with evidence of objective functional improvement or decrease in pain allowing completion of her activities of daily living due to previous acupuncture therapy. In the absence of documentation with evidence of increased functional gains and a decrease in severity of pain due to previous acupuncture sessions, the request is not supported. Therefore, the request is not medically necessary.

**Gym membership x12months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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, Gym memberships

**Decision rationale:** The request for gym membership x12months is not medically necessary. The Official Disability Guidelines do not recommend gym memberships 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. 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. 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 injured worker was noted to have limited activity due to pain, and difficulty moving from sitting to standing position. The documentation did not provide evidence of a home exercise program with periodic assessment and revision that had not been effective. In the absence of documentation with evidence of a home exercise program with periodic assessment and revision that had not been effective and a documented need for equipment the request is not support. Additionally, gym memberships are not generally considered medical treatment. Therefore, the request is not medically necessary.