

Case Number:	CM14-0160306		
Date Assigned:	10/03/2014	Date of Injury:	01/18/2003
Decision Date:	01/02/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 Emergency 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 originally sustained injury on 8/29/2007 when she fell while walking in front of the [REDACTED], leading to bilateral hand and knee contusions, a laceration of her left hand, pain in her neck and back, as well as right shoulder. In an unrelated incident, he injured worker had also sustained a previous work-related injury that had resulted in injury to her facial bones, both shoulders, and right wrist. The injured worker underwent conservative therapy with chiropractic care for low back pain, a right shoulder injection, epidural steroid injection, radio frequency ablation, aqua therapy, and acupuncture. With adjunctive therapy, the injured worker was able to decrease chronic pain medicine utilization of Norco from 4 times per day to 1 time per day, but worsened after stopping aqua therapy and acupuncture. Pain control has also been attempted with Gabapentin, Ativan, Ambien, and Meloxicam. The injured worker reported a flare-up of chronic pain due to cessation of aqua therapy and acupuncture sessions. On 9/11/2014, the treating physician requested authorization for gym membership for 1 year, chiropractor for 8 sessions, and acupuncture for 8 sessions. Utilization review conditionally approved the gym membership for 6 months pending further reassessment for functional benefit, and denied the latter 2 requests. The 3 requests were then submitted for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (months) QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise and Aquatic Therapy Page(s): 46-47; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine, gym memberships

Decision rationale: The MTUS guidelines clearly support exercise as a component of treatment for chronic pain. However, there is no evidence for one treatment regimen over another. Furthermore, an exercise program should emphasize education, independence, and the importance of an ongoing regimen. While the physician record suggests a functional improvement and decrease in pain in conjunction with aquatic therapy, and the patient can only gain access to a pool with a gym membership, a 1-year commitment without reassessment of improvement and means for conditional continuation is beyond the scope supported by the MTUS and ODG. Furthermore, the MTUS guidelines suggests that aquatic therapy may improve some components of health-related quality of life in females with fibromyalgia or for an injured worker with an injury that is sensitive to the effects of gravity (i.e. extreme obesity). The physician record does not clearly delineate why aquatic therapy is superior to other methods of therapy that may be accomplished in the home. Therefore, based upon the records available, the request as written for gym membership, 12 months, is not supported by the available guidelines and is not medically necessary.

Chiropractic manipulation 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to the MTUS guidelines, one of the goals of any therapy, including manual therapy (i.e. chiropractor), should be to reduce the frequency of treatments to the point where maximum benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises. Furthermore, the MTUS suggests "patients need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." For chronic back pain, the MTUS guidelines does support manual therapy as an option, with a trial of 6 visits over 2 weeks. If there is clear documentation of functional improvement, then a total of up to 18 visits over 6-8 weeks may be considered. Recurrent flare-ups must be re-evaluated for functional improvement, and if return to work achieved, then 1-2 visits every 4-6 months may be of benefit. The injured worker appears to have utilized chiropractor services previously. Based upon the available records, it is not possible to ascertain if previous sessions have led to a clear functional benefit, and the total number of previous chiropractor sessions is unclear. Furthermore, if the injured worker has previously received manual therapy and manipulation, and still continues to have flare-ups, then it is not clear that 8

sessions would be supported by the MTUS. The request as written, for chiropractic manipulation for 8 sessions, is not supported by the MTUS guidelines, and therefore is not medically necessary.

Acupuncture 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines support acupuncture as an adjunct when pain medication is reduced or not tolerated, or to hasten recovery in conjunction with physical rehabilitation. The time allotted to produce functional improvement is 3 to 6 treatments over 1-2 months. Acupuncture treatments may be extended if functional improvement, i.e. a clinically significant improvement in activities of daily living or a reduction in work restrictions, as well as a reduction in the dependency on continued medical treatment, is clearly documented in the medical record. The available records suggest the injured worker has already received 8 sessions of acupuncture, but it is ultimately unclear. Furthermore, the clear functional benefit is not defined. As such, the request as written for Acupuncture for 8 sessions is not supported by the MTUS and is therefore not medically necessary.