

Case Number:	CM15-0103401		
Date Assigned:	06/18/2015	Date of Injury:	03/25/2002
Decision Date:	07/17/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on March 25, 2002. He reported an injury to his low back. Treatment to date has included artificial disc replacement of L4-L5 and L5-s1, medications, epidural steroid injection, and home exercise program. An evaluation on March 30, 2015 revealed the injured worker had back pain. He reports increased tension throughout his body causing significant headaches. The diagnoses associated with the request include failed back syndrome, internal derangement of the knees, chronic sprain/strain of the cervicothoracic spine, tendinosis and impingement of the left shoulder, status post artificial disc replacement, right greater than left lower extremity pain, and coccygeal pain. The treatment plan includes medications for pain control, psychological support, home care assessment, home assistance and modification, nurse specialist assessment, gym membership for continued physical therapy and follow up by primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Primary treating physician (PTP) follow up evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, follow up evaluations.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states follow evaluation is based on ongoing medical need as established by response to therapy and continued symptoms. The provided medical documentation for review establishes the need for follow up evaluation by the primary treating physician and therefore the request is medically necessary.

Referral for gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, gym memberships.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are indicated only when a prescribed home exercise program has failed or there is need for specialized equipment. In addition, the membership must be under the supervision of a medical professional. These criteria have not been met in the provided documentation for review and therefore the request is not medically necessary.