

Case Number:	CM15-0010863		
Date Assigned:	01/28/2015	Date of Injury:	01/21/2009
Decision Date:	03/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female, who sustained an industrial injury on 01/21/2009. A primary treating office visit dated 12/15/2014 reported the patient's condition has improved as expected; although, the patient reports slower than expected. She complains of dull pain in the back with numbness and tingling to the back of the legs. The patient also mentioned having second thought regarding any surgical intervention. There is note of her using a transcutaneous electric nerve stimulator with positive effect. She is diagnosed with lumbosacral sprain/strain, lumbosacral neuritis and disc displacement non-specified. She is prescribed returning to work 12/15/2014 under modified duties. Physical examination found mild myospasm of the paravertebral muscles and restricted lumbar range of motion. The impression noted to involve chronic lumbar discogenic pain, plateauing and disc protrusion with annular tear at L4-5; disc protrusion at L5-S1. On 01/05/2015 Utilization Review non-certified a request for additional acupuncture sessions 8 treating the lumbar spine, an ergonomic evaluation, a tall work chair and a gym membership 3 months, noting the CA MTUS Chronic Pain was cited. The injured worker submitted an application for independent medical review of the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, once every 2-4 weeks for 8 sessions, lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has a history of a work injury occurring more than six years ago and continues to be treated for radiating low back pain. She is noted to be working full time as a modified level. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a treatment duration of up to 2 months. In this case, the claimant is reported to have benefited significantly from treatments provided and the requested number of additional treatment is within guideline recommendations are medically necessary.

Ergonomic evaluation #1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Ergonomics

Decision rationale: The claimant has a history of a work injury occurring more than six years ago and continues to be treated for radiating low back pain. She is noted to be working full time as a modified level. Guidelines state that, although ergonomic interventions are under study, there is some positive evidence regarding the effect of ergonomic keyboards on pain relief and hand function. Decreased trapezius loading and symptoms secondary to ergonomic intervention has been studied and is supported. Therefore the requested ergonomic work station evaluation was medically necessary.

Purchase of high chair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Ergonomics

Decision rationale: The claimant has a history of a work injury occurring more than six years ago and continues to be treated for radiating low back pain. She is noted to be working full time as a modified level. Guidelines state that, although ergonomic interventions are under study, there is some positive evidence regarding the effect of ergonomic keyboards on pain relief and hand function. Decreased trapezius loading and symptoms secondary to ergonomic intervention has been studied and is supported. Therefore the requested ergonomic work station evaluation was

medically necessary. In this case, the claimant has not had an ergonomic evaluation and therefore the purchase of a high chair is not medically necessary at this time.

Gym membership for 3 months: 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), Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2 nd Edition, (2004) Chapter 6: p87

Decision rationale: The claimant has a history of a work injury occurring more than six years ago and continues to be treated for radiating low back pain. She is noted to be working full time as a modified level. A 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. Therefore, the requested YMCA or gym membership is not medically necessary.