MAXIMUS Federal Services

Case Number:	CM15-0012558		
Date Assigned:	02/02/2015	Date of Injury:	05/15/1996
Decision Date:	03/30/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old female who reported an injury on 05/15/1996, after a slip and fall. The injured worker reportedly sustained an injury to her low back and neck. The injured worker's diagnoses included cervical spine musculoligamentous strain with radiculopathy, cervicogenic headaches, and anxiety and depression with tremor. Injured worker's treatment history included multiple medications, physical therapy and activity modifications. The most recent physical evaluation submitted was dated 07/23/2014. Physical exam findings included tenderness and spasming of the paravertebral musculature of the cervical and lumbar spines. It was documented that the injured worker had a resting tremor in the left arm. The injured worker's treatment history included a refill of medications and continuation of psychiatric care. No justification to support the request was provided. No Request for Authorization form to support the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for one year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Gym Membership

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 Chapter, Gym Memberships.

Decision rationale: The requested gym membership for one year is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend a gym membership for medical treatment, unless the injured worker has failed to respond to a home exercise program and requires equipment beyond what can be provided within the home. Furthermore, the request for a 1 year membership would not allow for timely reassessment or re-evaluation of the injured worker's treatment program. As such, the requested gym membership for one year is not medically necessary or appropriate.

Orthopedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mattress selection

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter and Knee and Leg Chapter, page(s) Mattress and Durable Medical Equipment.

Decision rationale: The requested orthopedic mattress is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend any specific type of mattress for medical treatment of pain. Additionally, Official Disability Guidelines recommend durable medical equipment be prescribed to serve a medical purpose. The clinical documentation does not provide any indication that the injured worker would benefit from a specific type of mattress, or that this equipment serves a medical purpose. As such, the requested orthopedic mattress is not medically necessary or appropriate.

12 Massage therapy sessions for the lumbar spine and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The requested 12 massage therapy sessions for the lumbar spine and neck are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend massage therapy as an adjunctive treatment to active therapy. The clinical documentation does not provide any indication that the injured worker is currently participating in any type of active therapy. Additionally, California Medical Treatment Utilization Schedule only recommends 4 to 6 treatments of this type of therapy. The request exceeds this recommendation. There are no exceptional factors noted to support extended

treatment beyond guideline recommendations. As such, the requested 12 massage therapy sessions for the lumbar spine and neck are not medication or appropriate.