

Case Number:	CM15-0042753		
Date Assigned:	03/12/2015	Date of Injury:	09/15/2011
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55 year old female, who sustained an industrial injury on 09/15/2011. She has reported subsequent neck, back and low shoulder pain and was diagnosed with cervical and lumbar strain, lumbar degenerative disc disease and cervical spondylosis. Treatment to date has included oral pain medication, trigger point injections, back brace and TENS unit. In a progress note dated 02/09/2015, the injured worker complained of continued back and neck pain rated as 5-8/10. Objective findings were notable for tenderness to palpation to the right paraspinal muscles and limited and painful range of motion and tenderness to palpation of the lumbar paraspinal muscles with limited and painful range of motion. The physician noted that 12 sessions of cognitive behavioral therapy were being requested to address pain management as well as 6 months of a gym membership and a refill of Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month 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: Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to MTUS guidelines, “There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime.” According to ODG guidelines, Gym memberships “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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for 6-month gym membership is not medically necessary.

12 sessions of cognitive behavioral therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: According to MTUS guidelines, “Behavioral interventions. Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs.” There is no documentation of the results of a psychological evaluation to undergo CBT sessions. Guidelines recommended an initial trial of 3-4 visits over 2 weeks. The request for additional Cognitive Behavioral Therapy cannot be approved without assessing the efficacy of the first 4 sessions of Cognitive Behavioral Therapy. The provider request exceeds the number of visits recommended by the guidelines. Therefore, the request for 12 Cognitive Behavioral Therapy sessions is not medically necessary.

Ibuprofen 80mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 800mg # 60 is not medically necessary.