

Case Number:	CM15-0048729		
Date Assigned:	03/20/2015	Date of Injury:	02/10/1996
Decision Date:	06/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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

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 59 year old male who sustained an industrial injury on 02/10/1996. The injured worker was diagnosed as having lumbar spine sprain/strain and cervical spine sprain/strain. Treatments to date have included an arthroscopy in 1998, nonsteroidal anti-inflammatory drugs, exercise, and injections. The injured worker presented on 02/10/2015 for a follow-up evaluation with complaints of persistent lower back pain. Upon examination of the lumbar spine, there was tenderness to palpation, right SI joint tenderness, limited range of motion, and pain with extension, positive Kemp's testing, and positive straight leg raising bilaterally, and decreased sensation in the left lower extremity. The physician recommended a gym membership with a pool, a new lumbar support brace, and a continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool: 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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym membership.

Decision rationale: According to the Official Disability Guidelines, gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In this case, there was no indication that this injured worker's home exercise program has not been effective. Although the physician indicated the injured worker's previous course of aquatic therapy was beneficial, there was no documentation of significant functional improvement. The medical necessity for the requested service has not been established. As such, this request is not medically necessary.

Lumbar spine brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of spinal instability upon examination. The medical necessity has not been established. As such, this request is not medically necessary.

Zanaflex 2 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, there was no documentation of palpable muscle spasms or spasticity upon examination. The guidelines do not recommend long term use of muscle relaxants. Given the above, the request is not medically necessary.

MMC topical lotion, 120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of a failure to respond to first line oral medications. In addition, there was no frequency listed in the request. As such, this request is not medically necessary.

Lidocaine patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. There was no documentation of a failure to respond to first line oral medications prior to the initiation of topical lidocaine. There was also no frequency or quantity listed in the request. Given the above, this request is not medically necessary.