

Case Number:	CM15-0074264		
Date Assigned:	04/24/2015	Date of Injury:	06/01/2009
Decision Date:	05/22/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 52-year-old female sustained an industrial injury to the neck on 6/1/09. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, acupuncture, injections, home exercise and medications. In a PR-2 dated 3/10/15, the injured worker complained of a recent flare up of pain to the cervical spine and thoracic spine. The injured worker rated her pain 8/10 on the visual analog scale. Physical exam was remarkable for cervical spine with guarding, spasms and positive Spurling's test and thoracic spine with guarding, spasms and decreased range of motion. Current diagnoses included cervical spine sprain/strain with right upper extremity radiculopathy, cervical spine degenerative disc disease with mild stenosis and thoracic spine sprain/strain. The treatment plan included continuing home exercise, medications (Lidoderm patch), acupuncture twice a week for three weeks and requesting authorization for a gym membership with pool access to help the injured worker perform home exercises, manage pain, increase function and increase activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership with Pool Access Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy, Physical Medicine Page(s): 22; 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership and Other Medical Treatment Guidelines http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf.

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access, the MTUS aquatic therapy and physical medicine sections were consulted. The official disability guidelines state, "gym memberships are 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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals." The treating physician did not provide documentation of a home exercise program with supervision or a current height and weight. The California MTUS guidelines recommend aquatic therapy in cases of extreme obesity with "active self-directed home Physical Medicine." The treating physician has not provided documentation of failure of a home exercise program or the need for specific equipment. As such, the request for Gym Membership with Pool Access Cervical is not medically necessary.

Tripper Point Injection Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tripper Point Injection B.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The medical documents do meet criteria for trigger point injections per MTUS. MTUS specifically states that radiculopathy should not be present by exam, imaging, or neuro-testing and there is no documentation of radiculopathy in the documents provided. In addition,

the treating physician documented a twitch response. As such, the request for Tripper Point Injection Bilateral Upper Extremities is medically necessary.