MAXIMUS Federal Services

Case Number:	CM15-0091442		
Date Assigned:	05/15/2015	Date of Injury:	06/13/2012
Decision Date:	10/28/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 30, 2012. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve requests for manipulative therapy, physical therapy, and a gym membership. The claims administrator referenced a February 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On February 23, 2015, the applicant was deemed "medically disabled" while additional manipulative therapy and/or physical therapy were seemingly sought. The applicant reported issues with low back pain, exacerbated by sitting, standing, walking, and bending superimposed on issues with depression. The applicant was using tramadol and Biofreeze gel, it was reported. No seeming discussion of medication efficacy transpired on this date. On March 20, 2015, the applicant reported ongoing complaints of low back pain, 5/10, exacerbated by sitting, standing, and walking. The applicant was using Lyrica, Biofreeze, and tramadol, it was reported. The applicant was given a rather proscriptive 10-pound lifting limitation on this date. It was not stated whether the applicant was or was not working at this point. A gym membership was sought. The applicant exhibited 4+ to 5/5 lower extremity motor function, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: No, the request for eight sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for chiropractic manipulative therapy on February 23, 2015. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was placed off of work, on total temporary disability, as of the date in question, February 23, 2015. It did not appear, in short, that earlier manipulative therapy had proven successful. Therefore, the request was not medically necessary.

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Gym memberships.

Decision rationale: Similarly, the request for a gym membership was likewise not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, page 83 of the ACOEM Practice Guidelines take the position that gym memberships, and like are articles of applicant responsibility as opposed to articles of payer responsibility. ODG's Low Back Chapter Gym Memberships topic notes that gym memberships are not recommended as a medical prescription unless the documented home exercise program had proven ineffective and there is a need for specialized equipment. Here, however, progress notes of February 23, 2015 and March 20, 2015 made no mention of the applicant is having previously tried and/or failed home exercises. There was no mention of the need for specialized equipment. Therefore, the request was not medically necessary.

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Finally, the request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the diagnosis reportedly present here. Pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further recommend tapering and/or fading of frequency of treatment over time and emphasizing self-directed, home-based physical medicine. Here, progress notes of February 23, 2015 and March 20, 2015 failed to outline a clear or compelling rationale for such a lengthy, protracted course of therapy in favor of self-directed, home-based physical medicine. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained dependent on a variety of analgesic and adjuvant medications to include tramadol and Lyrica. A rather proscriptive 10-pound lifting limitation was imposed on March 20, 2015. It did not appear that the applicant was working with said limitation in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.