

Case Number:	CM14-0153597		
Date Assigned:	10/07/2014	Date of Injury:	03/04/2002
Decision Date:	11/07/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who reported an injury on 03/04/2002. The mechanism of injury was not specifically stated. The current diagnosis is L5-S1 disc herniation. Previous conservative treatment was not mentioned. The injured worker was evaluated on 08/25/2014 with complaints of intermittent lower back pain. The physical examination revealed tenderness to palpation with spasm. Treatment recommendations included a gym membership. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 Mg Qty: 30: 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): 67-72.

Decision rationale: The California MTUS Guidelines state Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. Therefore, the medical

necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Gym Membership for Swimming (Months) Qty: 12: Upheld

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

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: The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program is ineffective or there is a need for equipment. There is no indication that this injured worker has failed to respond to a traditional home exercise program. There is also no indication that this injured worker requires specialized equipment. As such, the request is not medically appropriate.