

Case Number:	CM13-0011866		
Date Assigned:	03/26/2014	Date of Injury:	10/17/2012
Decision Date:	04/30/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient was injured on 10/17/2012. The patient complains of low back injury from lifting ice chest, around 30-40 pounds at work. Prior treatment history has included medications, aquatic therapy, and 6 sessions of acupuncture. The patient stated she felt better after the aquatic therapy. PR2 dated 07/26/2013 indicated the patient complains of persistent lower back pain which extends to the right buttock and anteriorly to the groin. The level of pain on a scale from 0-10 ranges from 5-9. Objective findings on exam revealed the patient continues to demonstrate significant pain behaviors with symptom magnification. She ambulated with a cane. The lumbar movements were limited in all planes, with complaints of pain. The muscle stretch reflexes grade 1/5 and symmetric at the patellae and Achilles. The seated straight leg raise bilaterally produced subjective posterior leg pain, more on the right than left. There are full bilateral hip ranges of motion, with the end range of right hip internal rotation and external rotation producing moderate groin and hip pain. Palpation produced tenderness at the right lower lumbar region. The patient is diagnosed with lumbar sprain/strain and lumbar disc degeneration and spondylosis. The patient is requesting a gym membership at a facility with a pool, where she can perform her exercises independently. It is felt that this is reasonable and cost-effective and she was prescribed a 6 month gym membership today. She also requested a heating pad, and she is prescribed that. She was instructed to not overuse and to avoid any injury to her skin at the lumbar region, and she understands. An x-ray of her right hip is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) MONTH GYM MEMBERSHIP AT FACILITY WITH A POOL FOR INDEPENDENT EXERCISE PROGRAM (LUMBAR): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Gym Memberships

Decision rationale: According to the medical records, the patient sustained an industrial injury to the low back on 10/17/2012, for which treatment to date has included medications, acupuncture and aquatic therapy. She requests a gym membership at a facility with a pool where she can perform her exercises independently. At this juncture, the patient should be well versed in a self-directed home exercise program. Regarding aquatic exercise, the CA MTUS state that although water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, regular exercise and higher intensities may be required to preserve most of these gains. The guidelines state functional improvements can be obtained safely and efficiently with a fully independent home exercise program and self-applied modalities which do not require access to a gym or health club. With unsupervised programs, such as with gym memberships, health clubs or swimming pools, there is no information flow back to the provider, so that changes in the prescription can be made if needed, and there may be risk of further injury to the patient. Access to memberships to gyms and health clubs and the like, are not generally considered medical treatment. Therefore, the medical necessity for gym membership at a facility with a pool is not established and is non-certified.

HEATING PAD: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Low Back, Heat Therapy

Decision rationale: The CA MTUS ACOEM guidelines recommend physical therapeutic interventions for low back complaints, which includes at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. The ODG recommends heat therapy; the guidelines states continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The patient has complaints of persistent lower back pain which extends to the right buttock and anteriorly to the groin; she rates 5-9/10 on pain scale. Based on the reported chronic pain complaints and recommendation in the guidelines, the medical necessity of a heating pad has been established. Recommendation is to certify the request.

X-RAY OF THE RIGHT HIP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, X-ray

Decision rationale: According to the PR2 dated 07/26/2013 the patient complains of persistent lower back pain which extends to the right buttock and anteriorly to the groin. Examination documents show full bilateral hip ranges of motion and moderate pain with internal and external rotation of the hip. The patient has not sustained any recent trauma, however, based on her reported pain complaints and objective findings on examination, it would be reasonable and supported by guideline to obtain an x-ray study of the right hip. Right hip XR is certified.