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| <b>Case Number:</b>   | CM13-0051819 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 01/13/2010 |
| <b>Decision Date:</b> | 03/07/2014   | <b>UR Denial Date:</b>       | 10/29/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/14/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 is a 57 year old female who reported an injury on 01/13/2010. The mechanism of injury was not provided for review. Patient underwent an MRI of the cervical spine that documented that the patient was status post a fusion from the C5 through the C7 and there was evidence of disc arthroplasty at the C4-5 level with no significant spinal stenosis or neural compression noted. The patient underwent an electrodiagnostic study that did provide evidence of chronic left C5 radiculopathy and mild right median neuropathy. Previous treatments included medications, physical therapy, activity modification, and psychological support. The patient's most recent clinical evaluation revealed that the patient had muscle spasming and tenderness to palpation in the upper trapezius bilaterally. It was noted that the patient also had 6/10 to 7/10 pain that was reduced to 4/10 to 5/10 with medications. The patient's treatment plan included continuation of medications, the use of a TENS unit, and an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 six month Gym Membership with at Pool:** Upheld

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

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

**Decision rationale:** The requested 6 month gym membership with pool between 10/15/2013 and 12/12/2013 is not medically necessary or appropriate. Official Disability Guidelines do not recommend the use of a gym membership for a medical prescription unless there is evidence that the patient has failed to progress through a self-directed home exercise program and requires equipment that cannot be provided in the home. California Medical Treatment Utilization Schedule does recommend aquatic therapy for patients who require a nonweight bearing environment during active therapy. The clinical documentation submitted for review does not provide any evidence that the patient requires a nonweight bearing environment and would not be able to participate in a land-based home exercise program. As such, the request for 1 six month gym membership with a pool between 10/15/2013 and 12/12/2013 is not medically necessary or appropriate.

**1 Left C5 Transforaminal Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The requested left C5 transforaminal epidural steroid injection between 10/15/2013 and 12/12/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule states that epidural steroid injections are appropriate for patients who have radicular symptoms upon examination findings that are corroborated by an imaging study and have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has subjective complaints of chronic pain radiating into the bilateral upper extremities. However, the physical examinations provided did not support that the patient's pain was radicular in nature. There were no objective findings of radiculopathy upon physical examination of this patient. Additionally, the most recent MRI did not reveal any neural pathology that would support the patient's radicular complaints. As such, the requested left C5 transforaminal epidural steroid injection between 10/15/2013 and 12/12/2013 is not medically necessary or appropriate.