MAXIMUS Federal Services

Case Number:	CM13-0053507		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2001
Decision Date:	03/22/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 & 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 52-year-old male who reported injury on 02/12/2001. The mechanism of injury was not provided. The patient was noted to undergo multiple caudal epidural injections. The patient was noted to be treated with pacing, breathing/relaxation, pool/spa, ice/heat, TENS (Transcutaneous electrical nerve stimulation), and a home exercise program for relief. The most recent documentation indicated the patient had an increase in the ADLs (Activities of daily living); however, the activity level was noted to be the same. The patient previously had a gym membership which was beneficial. The patient had neck pain and neck pain radiating down from both arms, upper back, mid back, back pain radiating from low back down both legs, bilateral upper extremity pain and lower extremity pain, bilateral shoulder pain, elbow pain, hand pain, feet pain, abdominal pain, chest pain, and facial pain. The pain level was noted to be a 10 on a scale of 1 to 10 and unchanged from the prior visit. The patient previously had caudal epidural steroid injection in 01/2013. The physical examination revealed the patient had paravertebral muscle tenderness on both sides, the straight leg raise test was positive on the left side in the supine position. Tenderness was noted in the paracervical muscles of the neck. The patient had light touch sensation that was decreased over the thumb, index finger, middle finger and lateral calf on the left side and sensation to pin prick was decreased over the lateral thigh on the left side. The patient's diagnoses were noted to include cervical and low back pain, disc disorder cervical and chronic pain syndrome. The treatment plan was noted to include continuing current pain medications and a caudal epidural steroid injection as well as a [redacted] gym membership specifically for the stationary recliner bike, aqua therapy and hydrotherapy with the jacuzzi and dry/steam sauna. It was indicated that the subjective improvement was reported and objectively the physician opined there was a well defined end point return to work that could be identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year [redacted] membership for stationary recliner bike, aquatic therapy and hydrotherapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Membership

Decision rationale: The Official Disability Guidelines (ODG) do not recommend medical prescription of a gym membership unless the documented home exercise program with periodically assessment and revision has not been effective and there is a need for equipment. Additionally, treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs and swimming pools would not generally be considered as medical treatment and are not covered under these guidelines. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 year [redacted] membership for stationary recliner bike, aquatic therapy and hydrotherapy is not medically necessary.

1 caudal epidural steroid injection: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injection when there is documentation of objective decrease in pain with use such as documented on the VAS, documentation of objective functional improvement including at least 50% pain relief with an associated reduction of pain medication use for 6 to 8 weeks. There was a lack of documentation of exceptional factors as the patient was noted to have a previous caudal ESI (epidural steroid injection) in January of 2013. There was a lack of documentation of the above criteria. Given the above, the request for 1 caudal epidural steroid injection is not medically necessary.