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| <b>Case Number:</b>   | CM14-0000037 |                              |            |
| <b>Date Assigned:</b> | 01/10/2014   | <b>Date of Injury:</b>       | 09/18/2007 |
| <b>Decision Date:</b> | 03/24/2014   | <b>UR Denial Date:</b>       | 12/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/31/2013 |

### 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 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 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:

According to the records made available for review, this is a 38-year-old female with a 9/18/07 date of injury. At the time of request for authorization for one year gym membership and one CT scan of the lumbar spine, there is documentation of subjective (low back pain with radiation and tingling in the left knee) and objective (lumbar paraspinal tenderness, positive straight leg raise, decreased lumbar range of motion, left lower extremity hypersensitivity, and a limp favoring the left lower extremity) findings, imaging findings (CT Lumbar Spine (8/24/11) report revealed 2-3 mm disc bulges), current diagnoses (lumbar musculoligamentous sprain/strain with left lower extremity radiculitis and 2-3 mm bulges at L3-S1, left sacroiliac joint sprain, and left lower extremity complex regional pain syndrome), and treatment to date (activity modification, medications, and home exercise program).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Gym memberships

**Decision rationale:** MTUS does not address the issue. ODG identifies that gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. Therefore, based on guidelines and a review of the evidence, the request for gym membership for one year is not medically necessary.

**One CT scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**Decision rationale:** MTUS reference to ACOEM guidelines support imaging of the lumbar spine, in patients with: Red flag diagnoses where plain film radiographs are negative; Unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat CT. Within the medical information available for review, there is documentation of diagnoses of lumbar musculoligamentous sprain/strain with left lower extremity radiculitis and 2-3 mm bulges at L3-S1, left sacroiliac joint sprain, and left lower extremity complex regional pain syndrome. In addition, there is documentation of a previous CT scan of the lumbar spine on 8/24/11. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for one CT scan of the lumbar spine is not medically necessary.