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| Case Number: | CM14-0118716 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 09/22/2010 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 07/29/2014 |

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 Family 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:

This is a 54-year-old male patient who reported an industrial injury on 9/22/2010, four (4) years ago, attributed to the performance of his usual and customary job tasks. The patient complained of lower back pain radiating to the right lower extremity along with right hip pain. The treating diagnosis was lumbosacral disc degeneration; lumbar radiculopathy; right hip DJD; possible right sacroiliitis. The patient underwent a lumbar epidural steroid injection on 6/18/2013 with no sustained functional improvement. The MRI the lumbar spine documented evidence of multilevel degenerative disc disease and facet arthropathy without associated central canal stenosis of the lumbar spine; left lateral disc protrusions at the L3-L4 and L4-L3 levels with associated mass effect on the exiting nerve roots and additionally contributing to mild L3-L4 and L4-L5 left neuroforaminal narrowing; asymmetric degenerative disc disease and facet arthropathy at the L5-S1 levels contribute to severe left and mild right neural foraminal narrowing at this level. The patient is prescribed naproxen, Prilosec, and Pepcid. The objective findings on examination included hypoesthesia and dysesthesias in the bilateral feet and posterior right leg; tenderness to palpation right lower back region; restricted range of motion lumbar spine. The treatment plan included exercise; repeated lumbar epidural steroid injection; one month trial for gym membership; and maintain prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of gym membership for 1 month: 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) Low Back Chapter - Gym Memberships

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301, 15-16 94, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back chapter-physical therapy and exercises; aerobic exercises gym memberships; neck and upper back chapter--physical therapy; exercise; aerobic exercise

Decision rationale: There is no rationale provided that the patient cannot participate in a self-directed home exercise program (HEP) for conditioning and strengthening. The patient has not been demonstrated to be participating in HEP. Aquatic therapy or a gym membership is not recommended for maintenance therapy when the patient is able to participate in land-based exercise. There is no demonstrated medical necessity for requested gym membership x1 months over the recommended self-directed HEP. Strengthening of the back and hip does not require exercise machines or pool therapy and is not medically necessary as opposed to the land-based self-directed home exercise program recommended by the CA MTUS four (4) years after the DOI. The request for a gym/pool membership for the patient for his chronic low back and hip pain was not supported with objective evidence to support medical necessity as opposed to a self-directed home exercise program for continued conditioning and strengthening. The patient has been documented to have received a substantial amount of physical therapy and conservative treatment. There is no objective evidence provided to support the medical necessity of the requested gym membership. There is no evidence provided that the patient is precluded from land-based exercises. The use of pool therapy is clearly available to the patient on an independent basis as a preferred exercise; however, there is no evidence that it is medically necessary over the recommended HEP. The treating physician did not provide subjective/objective evidence to support the medical necessity of the gym/pool membership for the treatment of the patient's low back/hip pain issues over the recommended participation in a self-directed home exercise program. The patient has been provided with a significant number of sessions of physical therapy on this industrial claim and the additional sessions requested exceed the recommendations of evidence-based guidelines. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of a pool or gym membership or supervised exercise program for the cited diagnoses. There is no objective evidence to support the medical necessity of a pool or gym membership or supervised exercise program over the recommended self-directed home exercise program. The Official Disability Guidelines do not specifically address the use of pool/gym memberships for treatment of the back and state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The use of gym memberships or advanced exercise equipment without supervision by a health professional is not recommended. The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can

Continued use of Pepcid with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=76be6dfc-d06b-4f91-a895-6dade0e14fe3>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines anti-inflammatory medications- Page(s): 22, 67-68.

Decision rationale: The treating physician has prescribed Pepcid/Famotidine 20 mg #30 with 3 refills automatically based on the diagnosis of GERD allegedly due to prescribed NSAIDs. Pepcid (Famotidine) 20 mg is prescribed for GERD or stomach discomfort when NSAIDs are being prescribed; however, there is no objective evidence that the H2 inhibitor is as effective at protecting the mucosal layer of the stomach as the recommended proton pump inhibitors. Generally, the proton pump inhibitors are prescribed to protect the stomach lining from the chemical effects of NSAIDs. There are prescribed NSAIDs in the current medical documentation; however, there is no objective evidence provided that the prescribed NSAIDS have caused GI upset due to the erosion of the GI mucosa. The protection of the stomach lining from NSAIDs is appropriately provided with the proton pump inhibitors such as Omeprazole. There are no documented GI issues with the prescribed Medications and the H2 blocker is prescribed prophylactically. There is no demonstrated medical necessity for 20 mg q day. There is no objective evidence that the reported GERD is due to prescribed medications or is an effect of the industrial injury. The provided medical records do not support the medical necessity of the prescribed H2 blocker, Famotidine 20 mg #30 with 3 refills for the reported symptoms of acid reflux.