

Case Number:	CM14-0143727		
Date Assigned:	09/12/2014	Date of Injury:	07/09/2011
Decision Date:	11/05/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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 Preventive 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:

According to the records made available for review, this is a 55-year-old male with a 7/9/11 date of injury. At the time (8/13/14) of request for authorization for six (6) month [REDACTED] membership and lumbar spinal air decompression LSO brace, there is documentation of subjective (low back pain, difficulty with prolonged sitting) and objective (persistent tenderness in the lumbar spine L4, L5, difficulty bending over and increase pain on flexion, slightly positive straight leg raise on the right side, slight muscle spasms) findings, current diagnoses (lumbar disc rupture), and treatment to date (activity modification and medications). Regarding the requested six (6) month [REDACTED] membership, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and administered by medical professionals. Regarding the requested lumbar spinal air decompression LSO brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month [REDACTED] membership: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnosis of lumbar disc rupture. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for six (6) month [REDACTED] membership are not medically necessary.

Lumbar spinal air decompression LSO brace.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnosis of lumbar disc rupture. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for lumbar spinal air decompression LSO brace is not medically necessary.