

Case Number:	CM14-0156348		
Date Assigned:	09/25/2014	Date of Injury:	02/26/2014
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 61-year-old female who reported an injury on 02/26/2014. The mechanism of injury occurred when she was performing a massage. Diagnoses included lumbar sprain/strain, left L4-5 radiculopathy, and L4-5 disc protrusion. Past treatments included chiropractic manipulation, lumbar epidural steroid injections, a home exercise program, and medications. An unofficial electromyography/nerve conduction studies was performed on 04/03/2014, which reportedly revealed mild left L4-5 radiculopathy. An unofficial magnetic resonance imaging of the lumbar spine was performed on 03/13/2014, which reportedly revealed L4-5 anterolisthesis, disc protrusion, and left foraminal stenosis, as well as facet arthritis at L3-4, L4-5, and L5-S1. Pertinent surgical history was not provided. The clinical note dated 08/28/2014 indicated the injured worker complained of frequent, moderate low back pain, which was no longer radiating to the lower extremities since the previous epidural steroid injection. The physical exam of the lower extremities revealed deep tendon reflexes rated 1+, motor strength 5/5, and negative straight leg raise. Current medications included Norco, Voltaren, and Soma. The treatment plan included a 3 month gym exercise program with pool and a 1 year membership. The rationale for the treatment plan indicated that the injured worker would benefit from a gym exercise program with pool exercises. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month gym exercise program with pool -1 year membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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

Decision rationale: The request for a 3 month gym exercise program with pool, 1 year membership, is not medically necessary. The Official Disability Guidelines indicate that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The injured worker complained of frequent, moderate low back pain, no longer radiating to the lower extremities since the previous epidural steroid injection. There is a lack of clinical documentation to indicate that a home exercise program would not be sufficient or effective for the injured worker. There is also no indication why the injured worker would require aquatic exercise over land based exercise. Therefore, the request for a 3 month gym exercise program with pool, 1 year membership, is not medically necessary.