

Case Number:	CM14-0158323		
Date Assigned:	10/01/2014	Date of Injury:	02/09/2009
Decision Date:	11/03/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal 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:

The patient is a 39 year old female who was injured on 01/01/2009 while performing her usual and customary work related duties as a materials specialist. Prior treatment history has included Norco, cyclobenzaprine, and Gabapentin, and aquatic sessions which offered some benefit, physical therapy, and acupuncture treatment. All treatments offered temporary relief. The patient had a CT scan of the lumbar spine on 01/10/2014, which revealed L5 nerve root encroachment. Office note dated 08/20/2014, documented the patient to have complaints of pain in the low back and is present most of the time and is aggravated by activity. On exam, she has left-sided sciatic irritation. Range of motion of the lumbar spine revealed forward flexion to 20 degrees; extension to 10 degrees; and tilt to the right and left to 10 degrees. The patient is diagnosed with status post spinal fusion and two-level disc replacement. She was recommended for a pool membership for access to the gym for 1 year and home health care and an x-ray AP lateral lumbar spine. Prior utilization review dated 08/28/2014 states the request for pool/gym membership x 1 year; home health care 2hrs 2x per week; and X-ray AP-lateral lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool/gym membership x 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pool/Gym Memberships.

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 membership

Decision rationale: The guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. There was inadequate documentation of the home exercise program and results thus far. There was inadequate documentation about frequent revisions and assessments to the home exercise regimen. Furthermore, the clinical notes did not identify specific equipment which is available at the gym which the patient requires access to. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Home health care 2 hours 2 x per week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Home health services

Decision rationale: Home health care can be considered for patients who are homebound and require ongoing medical services at home. Home health care does not include services such as shopping, cleaning, cooking, or laundry. It does not also cover tasks which can be provided by a caregiver such as bathing, dressing, or restroom assistance. From the medical documents reviewed, it appears the home health services are for home maker services as discussed above. It is not clear what medical services the patient requires at home from the documents provided. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

X-ray AP-lateral lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [https://www.acpempacguides.org/Chronic Pain](https://www.acpempacguides.org/ChronicPain); Table 2, Summary of Recommendations, Chronic Pain Disorders

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, Radiography (X-rays)

Decision rationale: The guidelines recommend lumbar imaging with x-rays when patients have progression of symptoms, red flag signs/symptoms, or concerning trauma. The clinical notes did not provide a clear indication for the lumbar x-rays. The patient appears to have chronic pain and there were inadequate subjective/objective findings to warrant lumbar x-ray at this time. Furthermore, it is not clear how an x-ray would alter management of the patient at this time.

Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.