MAXIMUS Federal Services

Case Number:	CM14-0163847		
Date Assigned:	11/05/2014	Date of Injury:	10/25/2010
Decision Date:	12/16/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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 Practice 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 30-year-old female claimant who sustained a work injury on October 25, 2010 involving the low back. She was diagnosed with lumbar disc disease and radiculopathy. She underwent a lumbar fusion in 2012 and developed post laminectomy syndrome. A progress note on August 28, 2014 indicated claimant had persistent low back pain. She had been papering her Norco for pain. Her home exercise is limited by pain. She had some benefit from prior use of a TENS unit. Her pain is 5/10 with medications. She had been on Norco, Baclofen and Ibuprofen at a time. Exam findings were notable for a positive straight leg test bilaterally and limited range of motion. She had decreased station on the right leg. Her weight at the time was 207 lbs. The treating physician requested additional supplies for continuation of her TENS unit as well as a gym membership to lose 70 lbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Leads/Patches for Tens Unit X 1 Month Supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses and a TENS unit is not medically necessary. Therefore the request for TENS unit supplies is not medically necessary.

Trial of 6 Month Gym Membership (Low Back): 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership

Decision rationale: According to the ACOEM guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. There is no evidence to support a gym membership alone would benefit weight management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. There is also no other dietary plan to assist in weight loss as a primary modality. Consequently a gym membership is not medically necessary.