

Case Number:	CM14-0165911		
Date Assigned:	10/29/2014	Date of Injury:	05/11/2005
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational 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 claimant injured his low back on 05/11/05. Blood lab studies, a gym membership with pool access for 1 year, purchase of a home rolling traction bed, and a random urine sample for the low back are under review. There are handwritten notes on 09/02/14 that are illegible. A gym membership was ordered at that time along with a traction device. On that date, Norco, Prilosec, Ativan, Zanaflex, a gym membership, a traction bed, blood lab studies, and a random urine sample were ordered. On 10/10/14, the claimant was evaluated for low back pain with right greater than left lower extremity radicular symptoms. His pain was increased with activity. He had limited range of motion. The handwritten notes are nearly illegible. Norco, Neurontin, and Zanaflex were prescribed. Lab studies to be done are not listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool access for one year: 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 Aquatic therapy Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, gym membership

Decision rationale: The history and documentation do not objectively support the request for a gym membership with pool access for one year. The MTUS do not address health clubs/gym memberships and the ODG state gym memberships are "not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." In addition, the MTUS state aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, it is not clear why a one year health club membership is needed with aquatic therapy as there is no evidence that the claimant is unable to continue his rehab in a land-based home exercise program. Health club memberships are not typically monitored by health care professionals and therefore are not considered to be medically necessary per the guidelines.

Purchase of home intersegmental traction rolling bed: Upheld

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

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, Traction

Decision rationale: The history and documentation do not objectively support the request for the purchase of home intersegmental traction rolling bed. The ODG state regarding traction, "home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. (Beurskens, 1997) (Tulder, 2002) (van der Heijden, 1995) (van Tulder, 2000) (Borman, 2003) (Assendelft-Cochrane, 2004) (Harte, 2003) (Clarke, 2006) (Clarke, 2007) (Chou, 2007) The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. There was moderate evidence that autotraction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. (Clarke-Cochrane, 2005) Traction has not been shown to improve symptoms for

patients with or without sciatica. (Kinkade, 2007) The evidence is moderate for home based patient controlled traction compared to placebo. (Clarke, 2007) A clinical prediction rule with four variables (non-involvement of manual work, low level fear-avoidance beliefs, no neurological deficit and age above 30 years) was identified. The presence of all four variables (positive likelihood ratio = 9.36) increased the probability of response rate with mechanical lumbar traction from 19.4 to 69.2%. (Cai, 2009)"The guidelines do not support the efficacy of traction. The anticipated benefit to the claimant of this type of traction has not been described in the file and none can be ascertained from the records. It is not clear whether the claimant has been involved in an ongoing exercise program and has failed to improve his symptoms. The medical necessity of this request has not been clearly demonstrated.

Blood lab study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, various chapters on disorders

Decision rationale: The history and documentation do not objectively support the request for a blood lab study that is not fully identified. The MTUS do not address general blood tests. Harrison's Principles of Internal Medicine recommend laboratory testing of the blood for various disorders when specific symptoms are present and specific disorders need to be evaluated for or ruled out. There is no history of medical problems for which blood tests appear to be indicated. The specific reason for the study has not been described and none can be ascertained from the records. The medical necessity of the request for a blood lab study has not been clearly demonstrated.

Random urine sample, low back: 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 Drug testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a urine drug screen. The MTUS state "drug tests may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no evidence that illegal drug use or noncompliance with recommended medication use may be suspected. The claimant's history of use of medications is not clear. It is not clear why a urine drug screen has been requested. The medical necessity of this request has not been clearly demonstrated.