

<b>Case Number:</b>	CM14-0021980		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/04/2009
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 patient is a 42 year old female, DOI 2/04/09. Subsequent to the injury she has had an L4-5 microdiscectomy and has chronic residual low back pain and neuritic/neurophic pain into the lower extremity. Electrodiagnostics have shown chronic nerve damage. She has been treated with surgery, oral analgesics and chiropractic. It is noted that she has trialed an IF stimulator in therapy and found it beneficial. It is also noted that the requested injection is for bursal tenderness at the hip. She remains at work and the daily use of analgesics appears restrained.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIFETIME MEMBERSHIP FOR GYM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46,47.

**Decision rationale:** Exercise is definitely supported in the MTUS guidelines and aquatic based exercise may be more effective in some individuals i.e. difficulty with land based exercises due to diagnosable problems with ambulation or weight bearing. This request is the extent of the request i.e. lifetime. It may be reasonable on a trial basis for 3 months and if objectively

beneficial i.e. cuts down on use of meds and/or other treatments it could be extended for a bi-annual or annual basis with periodic checks on utilization and benefits. Based on the extent of the membership the request is not medically necessary.

**CORTISONE INJECTION TO LEFT HIP:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, intraarticular steroid hip injections (IASHI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Trochanteric bursa injections.

**Decision rationale:** The narratives and symptoms all point to the injection being a bursal injection which in the hip area is the trochanteric bursa. This is often related to low back pain and included in it's treatment. Trochanteric bursa injections can be highly effective and are supported by Guidelines. ODG discusses this in detail. MTUS does not. Given the above the request is medically necessary.

**INTERFERENTIAL STIMULATOR RENTAL X90 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANCUTANEOUS NEUROSTIMULATORS Page(s): 118-120.

**Decision rationale:** This is a request for a extent (90 days) of the initial home trial/rental. Chronic Pain Medical Treatment Guidelines support a 30 day rental and trial of an IF unit or traditional TENS unit with longer term use based upon well documented objective benefits. All the necessary standards have been met i.e. trialed in therapy and reported to be beneficial. Therefore based on the guidelines, the request for IF stimulator rental times 90 days is not medically necessary.