

Case Number:	CM14-0034851		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2012
Decision Date:	07/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 48 year old female who sustained an injury to her low back on February 2012 due to cumulative injuries while performing her usual and customary duties that required reportedly sitting on a non-ergonomic chair at work. She developed low back pain and bilateral sacroiliac joint pain. The MRI of the lumbar spine revealed degenerative disc disease at L5-S1 with moderate degrees of facet joint disease treatment to date included activity modifications, work restrictions, physical therapy, and epidural steroid injections. The physical examination noted sacroiliac stress test positive bilaterally for reproduction of pain in the sacroiliac joints bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership for 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, Gym memberships.

Decision rationale: The request for six-month gym membership for the low back is not medically necessary. The ODG state that gym memberships are not recommended as a medical prescription unless home exercise program has not been effective and there is a need for equipment. With unsupervised programs, there is no information flow back to the provider, so the provider can make changes in the prescription and there may be risk of further injury to the patient. A gym membership is not generally considered medical treatment and is therefore not covered under these guidelines. Given this, the request for six-month gym membership for the low back is not indicated as medically necessary.

Possible Bilateral SI joint injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG The Back Sacroiliac joint injections (SJI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Insert Section>, page(s) 345 Page(s): 345.

Decision rationale: The request for possible bilateral sacroiliac (SI) joint injections is not medically necessary. The previous request was denied on the basis that there was no reported injury to the sacroiliac joint. There was no documented imaging information provided that would indicate SI joint pathology. The physical examination noted sacroiliac stress test positive; however, there was no additional testing performed provocative of the SI joint dysfunction that would meet the required criteria for the use of a SI joint injection. Given this, the request for possible bilateral SI joint injections is not indicated as medically necessary.

Repeat Rhizotomy: 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) The Back - Radio frequency Ablation.

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 chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The request for repeat rhizotomy is not medically necessary. A previous request was denied on the basis that the percentage of pain relief and objective improvement from the previous rhizotomy procedure was not documented. It was not indicated how many levels were being considered for this procedure and there was no evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided to support necessity of the request. Given this, medical necessity of the request for repeat rhizotomy is not indicated as medically necessary.