

Case Number:	CM14-0039059		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2002
Decision Date:	08/26/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/03/2014

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 and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 12/10/2002 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, medications, and a home exercise program. The injured worker was evaluated on 02/20/2014. It was noted that the injured worker complained of ongoing back pain. It was noted that the injured worker was taking up to 6 Tramadol per day and participating in a home exercise program that has failed to provide symptom relief. It was noted that the injured worker had previously participated in physical therapy that did provide pain relief and functional improvement. Objective findings included tenderness to palpation of the paraspinal musculature of the thoracic spine bilaterally with restrictive range of motion secondary to pain. It was also noted that the injured worker had decreased sensation in the L1 to the S1 distributions in the left leg with normal motor strength and normal deep tendon reflexes. The injured worker's diagnoses included lumbar disc herniations, lumbosacral sprain with left radiculopathy, and right elbow tendinitis. The injured worker's treatment plan included physical therapy to address recurring low back pain, continued medications, a 3 month gym membership program to promote an increase in activity, and a lumbar epidural steroid injection. It was noted that the injured worker had previously been authorized for a lumbar epidural steroid injection, however, had been unable to complete it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI x 1: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The requested lumbar steroid injection x 1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have documented radicular symptoms upon clinical examination that are consistent with pathology identified on an imaging study and have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has radicular findings upon physical examination. However, in the imaging study or an electrodiagnostic study to corroborate these findings was not provided. Additionally, the request as it is submitted does not provide a laterality or level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested lumbar epidural steroid injection x1 is not medically necessary or appropriate.

Physical Therapy 2x3 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 Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy 2 times a week for 3 weeks for the low back is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker is participating in a home exercise program that is not addressing the injured worker's pain complaints. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. As the injured worker is not maintaining improvement levels 1 to 2 visits of physical therapy would be appropriate to re-educate and re-establish an effective home exercise program. However, 6 visits would be considered excessive. As such, the requested physical therapy 2 times a week for 3 weeks for the low back is not medically necessary or appropriate.

3 months gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Chapter, Gym Memberships.

Decision rationale: The requested 3 month gym membership is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines do not recommend the gym membership as a medical prescription. The clinical documentation submitted for review does not provide any indication that the injured worker requires additional equipment that cannot be provided within the home to assist with their home exercise program. As there is no justification for the need for a gym membership, it would not be considered appropriate in this clinical situation. As such, the the requested 3 month gym membership is not medically necessary or appropriate.