

Case Number:	CM14-0012051		
Date Assigned:	02/21/2014	Date of Injury:	05/07/1998
Decision Date:	10/06/2015	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on May 7, 1998. The diagnoses have included lumbar junctional discopathy, hardware pain, anxiety and depression. Work status was noted to be temporarily totally disabled. Most current documentation dated January 10, 2014 notes that the injured worker continued to have severe low back pain and severe bilateral lower extremity radiculopathy that continues to progressively worsen. The pain was rated an 8 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness over the paraspinal muscles bilaterally and muscle spasms bilaterally. Range of motion was decreased and painful. Sciatic nerve compression test was positive bilaterally. A urine specimen was obtained to monitor medication use. The treating physician noted that a urinalysis performed 12-3-2013 was inconsistent with prescription therapy. Documented treatment and evaluation to date has included medications, a urine drug screen (7-25-2013), lumbar fusion, spinal cord stimulator implantation, removal of hardware and spinal cord stimulator (3-9-2011) and status-post lumbar spine anterolateral lumbar interbody fusion on 4-20-2011. Current medications include Gabapentin, Norco, Alprazolam and Cyclobenzaprine. The treating physician's request for authorization included requests for a one year gym membership at the [REDACTED] and a retrospective urinalysis with a date of service November 25, 2013. The original utilization review dated January 13, 2014 non-certified the request for a one year gym membership at the [REDACTED] due to lack of adequate supervision to manage the injured worker in this type of environment. Utilization review modified the request for a retrospective urinalysis with the date of service 11-25-2013 to a ten panel random urine drug screen for qualitative analysis (either through point of care or

laboratory testing) with confirmatory laboratory testing only performed on inconsistent results times one with date of service of 11-25-2013 (original request was for a retrospective urinalysis with a date of service of 11-25-2013) due to no evidence of aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR GYM MEMBERSHIP AT [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 53.

Decision rationale: There is no evidence to support a gym membership alone would benefit pain 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. Consequently, a gym membership is not medically necessary.

RETROSPECTIVE URINALYSIS (DOS 11/25/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, there were inconsistencies in prior medication use including Hydrocodone and Benzodiazepines. Based on the above references and clinical history a urine toxicology screen is appropriate and medically necessary.