

Case Number:	CM14-0200439		
Date Assigned:	12/10/2014	Date of Injury:	02/05/2013
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 34 year old patient with date of injury of 02/05/2013. Medical records indicate the patient is undergoing treatment for L5-S1 disc protrusion with left lower extremity radiculopathy and facet syndrome. Subjective complaints include aching back and bilateral knee pain and numbness to bilateral knees. Objective findings include kyphotic spine deformity, tenderness with palpation to paraspinous musculature of the thoracolumbar region bilaterally cervical muscle spasm. Thoracolumbar spine range of motion - flexion to 30 degrees, extension to 15, rotation bilaterally 40 and tilt bilaterally 20. MRI of lumbar spine dated 04/03/2013 revealed small left paracentral disc protrusion at L5-S1 level without significant spinal stenosis and neural foramen patent bilaterally. There is no evidence of nerve root compression at any level. X-rays of lumbosacral spine dated 02/06/2013 revealed no acute boney abnormalities Treatment has consisted of lumbar support brace, chiropractic care, Toradol and Norco. The utilization review determination was rendered on 11/14/2014 recommending non-certification of Trainer visits x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trainer visits x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Education

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership.

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The medical documentation provided does not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of a trainer at a gym. As such, the request for Trainer visits x6 is not medically necessary.