

Case Number:	CM14-0201669		
Date Assigned:	12/11/2014	Date of Injury:	06/13/2012
Decision Date:	02/03/2015	UR Denial Date:	11/13/2014
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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 13, 2012. In a utilization review report dated November 13, 2014, the claims administrator approved a request for Lyrica while denying a lumbar support, lumbar brace, and a gym membership. A November 6, 2014 RFA form and progress note of October 14, 2014 were referenced in the denial. The applicant's attorney subsequently appealed. On November 18, 2014, the applicant reported persistent complaints of neck and back pain, 5/10. The applicant reported moderate difficulty performing activities of daily living as basic as self-care, grooming, and personal hygiene. The applicant's medication list included tramadol, Lyrica, and Biofreeze gel. The applicant had reportedly retired. The attending provider, a pain management physician, suggested that the applicant consult a spine surgeon. Again, a pain management physician, suggested that the applicant consult a spine surgeon. On October 14, 2014, the applicant reported highly variable low back pain complaints, 5/10. The applicant stated that his ability to function had been adversely impacted as a result of his chronic pain complaints. The applicant's medication list included tramadol and Biofreeze. The applicant's BMI was 36. The applicant was given a refill of Lyrica. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place as the attending provider stated in one section of the note that the applicant was having difficulty keeping down a job. In a September 19, 2014 spine surgery consultation, the applicant's spine surgeon stated that a lesion at L5-S1 could be pathological versus a normal variant. The lumbar support and gym membership at issue were apparently sought via a progress note dated September 16, 2014. Ongoing complaints of low back pain radiating to the leg were appreciated. The applicant did report difficulty

performing driving, sitting, and standing tasks. The applicant was severely obese, with a BMI of 36. Gym membership and lumbar support were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Low Back Procedure Summary last updated 08/22/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Topic. Exercise Topic. Page(s): 98, 46-47.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Similarly, pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines do not endorse any one particular form of exercise over another. In a similar vein, the MTUS Guideline in ACOEM Chapter 5, page 83 posits that maintaining exercise regimens is a matter of applicant responsibility as opposed to a matter of payer responsibility. In this case, the attending provider did not outline any clear or compelling rationale for provision of the gym membership. It was not clearly stated why, how, and/or if the applicant was incapable of performing self-directed home physical medicine. There was no mention of any need for specialized equipment. Therefore, the request is not medically necessary.

Low post back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Low Back Procedure Summary last updated 08/22/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was/is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of June 13, 2012 as of the date of the request, September 16, 2014. Introduction of a lumbar support was not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.

