

<b>Case Number:</b>	CM14-0209928		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 35-year-old male who reported injury on 09/29/2008. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar disc displacement. Past medical treatment consists of physical, chiropractic injections, and medication therapy. Medications were not submitted for review. X-rays and/or MRI scans and/or CT scans were performed. They were not submitted for review. Progress note dated 04/15/2014 indicated that subjective and objective complaints were on attachment 1 and 2. Attachments 1 and 2 were not submitted for review. The medical treatment plan is for the injured worker to undergo L5-S1 disc compression surgery. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Decompression Surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

**Decision rationale:** The request for L5-S1 decompression surgery is not medically necessary. The California MTUS/ACOEM Guidelines state that indications for surgery are severe disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for 1 month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, there is to be evidence of failed conservative treatment. The submitted documentation did not indicate any of the above. There was no evidence of severe disabling leg pain. There was also no indication of the injured worker having consistent radiculopathy symptoms with corroborated imaging studies. There were no physical examination findings submitted for review. Given the above, the injured worker not within recommended guideline criteria. As such, the request is not medically necessary.

**Physical therapy two times eight:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Gym Membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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), Low Back, Gym memberships.

**Decision rationale:** The request for gym membership is not medically necessary. The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless there is failure of a home exercise program and need for equipment. There is no indication of the need for equipment. In addition, the submitted request does not specify the duration of the membership. Therefore, the request is not medically necessary.