

Case Number:	CM14-0216061		
Date Assigned:	01/06/2015	Date of Injury:	10/30/1992
Decision Date:	03/16/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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: Preventive Medicine, Occupational 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:

This is a 49 year old male who suffered a work related injury on 10/30/1992. Mechanism of injury is not documented. Diagnoses include multilevel herniated nucleus pulposus of the lumbar spine with moderate to severe stenosis and lumbar radiculopathy. Treatment has included transforaminal epidural injections, chiropractic treatment, and medications. In a physician progress note dated 11/14/2014 he is complaining of increased pain in his low back and lower extremities. He has difficulty standing for extended periods of time. His pain is rated at 6/10 on the pain scale. He has constant low back aching and burning pain, right side greater than left especially in the sitting position. The injured worker reports that 2 weeks prior he had a flare-up of radiating burning sensation from the buttock down the side of the right lower extremity that stopped at the knee, and was rated at a 9-10/10 on the pain scale. Bending at the waist and lifting heavy objects increased his pain, and he continues to have limitations with his activities including sitting, standing and walking. He has trouble sleeping at night. His gait is mildly antalgic. There is tenderness to palpation of the lumbar spine extending into the right greater than left paraspinal regions, with spasms appreciated. He has a positive straight leg raise test on the right side greater than the left side, with symptoms extending to the foot. On 11/14/2014 the request is for a gym membership with access to a swimming pool, transforaminal epidural steroid injections for diagnostic and therapeutic reasons, bilaterally at Lumbar 4, Lumbar 5, and Sacral 1, and Norco 10/325mg, # 150. On 11/25/2015 Utilization Review, non-certified the request for gym membership with access to a swimming pool citing Official Disability Guidelines-Low Back. 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, and treatment needs to be monitored and administered by medical professionals. The request for transforaminal epidural steroid injections bilaterally at Lumbar 4, Lumbar 5, and Sacral 1 is non-certified citing California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines. Norco 10/325mg, # 150 has been modified to Norco 10/325mg, #60, for weaning, citing California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines-Opioids. Adherence to California Medical Treatment Utilization Schedule (MTUS) Guidelines is not clearly documented. In the absence of a pain contract, the injured worker should begin weaning from this medication as it is not designed to be a long term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with access to a pool: 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 - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: A private gym membership is not considered to be medical treatment. Exercise at the gym is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional. Gym membership is not medically necessary.

Transforaminal epidural steroid injection bilaterally at L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no documentation in the medical record that the above criteria. Transforaminal epidural steroid injection bilaterally at L4, L5, S1 is not medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #150 is not medically necessary.