

Case Number:	CM15-0105152		
Date Assigned:	06/09/2015	Date of Injury:	02/27/2012
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, 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:

The applicant is a represented 56-year-old who has filed a chronic low back pain (LBP) with derivative complaints of sleep disturbance reportedly associated with an industrial injury of February 27, 2012. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve requests for a gym membership, facet injections, sacroiliac joint injections, and a podiatry referral. The claims administrator referenced a RFA form of April 30, 2015 and associated progress note of April 10, 2015 in its determination. The applicant's attorney subsequently appealed. In a separate RFA form dated April 30, 2015, diagnostic facet injections, SI joint injections, a podiatry referral, gym membership, and office visit were endorsed. In an associated progress note of April 10, 2015, the applicant apparently consulted a pain management physician reporting ongoing complaints of low back pain with derivative complaints of sleep disturbance. The applicant was off of work and had been deemed "medically retired," it was stated. The applicant had last worked in September 2012, it was acknowledged. The applicant had used various and sundry analgesic medications over the course of the claim, it was acknowledged. The applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, sometime as high as 5-9/10, it was reported. Paresthesias, weakness about the left arm, weakness about the bilateral thighs were reported. The applicant apparently exhibited some weakness about left ankle when compared against the right. Some asymmetric reflexes were reported. A small limp was noted. Some facetogenic tenderness was also noted. The attending provider suggested that the applicant pursue facet joint injections of unspecified level and also consider diagnostic SI joint injections. Aquatic therapy and gym membership were also sought. The gym membership was apparently endorsed to facilitate the applicant's ability to utilize various facilities. It was not stated what facilities or equipment the treating provider

wished for the applicant to utilize, however. The treating provider then suggested in some sections of the note, the applicant was successfully performing home exercises. This was neither elaborated nor expounded upon, however. 1 symmetrical sensation was noted. Right ankle deep tendon reflex was absent. The left hip was weak in flexion and extension. Sciatic notches and sacroiliac (SI) joint were tender bilaterally, left side more than the right side. Bilateral facet tenderness was present with facet provocation testing strongly positive. Documentation noted that the injured worker is currently not taking any medications on an industrial basis. Treatment plan consists of pain management, pool therapy and the current request for diagnostic facet injections of the sacroiliac (SI) joint, gym membership and referral to a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (Duration Not Specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Memberships.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Low Back Problems, Gym memberships.

Decision rationale: No, the request for a gym membership was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Medical Treatment Guidelines, applicants are instructed and expected to continue active therapies at home as an extension of the treatment process to maintain improvement levels. In a similar vein, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes that to achieve functional recovery, that applicants must assume certain responsibilities, one of which include adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines seemingly espouse the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. ODG's low back chapter Gym Memberships topic, moreover, notes that gym memberships are not recommended as a medical prescription unless the documented home exercise program has proven ineffectual and there is a need for specialized equipment. Here, the attending provider's commentary was not altogether clear on this subject. It was not stated precisely what specialized equipment the applicant needed access to. It was not explicitly stated that the applicant's performance of home exercise program had in fact been ineffectual. Therefore, the request was not medically necessary.

Diagnostic Facet Injection of The Sacroiliac Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed Low Back Disorders, pg 6111.

Decision rationale: Similarly, the request for diagnostic facet injections at the sacroiliac (SI) joint was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines low back chapter notes on page 611 that sacroiliac joint injections are not recommended in applicants with radicular low back pain and/or chronic nonspecific low back pain, i.e., the diagnoses seemingly present here but, rather, should be reserved for applicants with some rheumatologically-proven spondyloarthropathy implicating the SI joints. Here, however, the attending provider acknowledged that the applicant had ongoing complaints of low back radiating to legs. Paresthesias about the legs were noted. The applicant exhibited weakness about calf musculature, it was reported on the April 10, 2015 office visit at issue. The applicant's presentation, thus, was suggestive of chronic nonspecific low back pain and/or radicular low back pain. The applicant did not, thus, carry a diagnosis of rheumatologically-proven spondyloarthropathy implicating the SI joints. Therefore, the request was not medically necessary.

Diagnostic Facet Injections (Level Not Specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Similarly, the request for diagnostic facet injections was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 300, facet joint injections, i.e., the article at issue, are deemed "not recommended." Here, it is further noted that the applicant's presentation was, in fact, suggestive of radicular low back pain as opposed to facetogenic low back pain for which the diagnostic facet injections could have been considered. The applicant presented on April 10, 2015 reporting ongoing complaints of low back pain radiating to the lower extremities. Weakness about one leg was noted. Hyporeflexia was also appreciated on exam. The request, thus, is not indicated both owing to the unfavorable ACOEM position on article at issue as well as owing to the confounding radicular pain complaints present here. Therefore, the request was not medically necessary.

Referral to A Podiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request for referral to a podiatrist, conversely, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider's progress note of April 10, 2015 suggested that the applicant had issues with foot pain, foot

paresthesias, dragging his feet, gait derangement, etc. While these issues were not, however, clearly characterized, described, or expounded upon, it appeared that the treating provider believed that the applicant might have some stand-alone foot pain complaints in addition to referred foot pain associated with the applicant's ongoing lumbar radicular pain complaints. Obtaining the added expertise of a podiatrist to determine the source and/or etiology of the applicant's ongoing foot complaints was, thus, indicated. Therefore, the request was medically necessary.