

Case Number:	CM15-0131126		
Date Assigned:	07/17/2015	Date of Injury:	10/21/1999
Decision Date:	08/14/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 72-year-old female who sustained an industrial injury on 10/21/1999. Diagnoses include history of chronic recurring lumbosacral strain; lumbar degenerative disc disease and degenerative lumbar scoliosis; and persistent axial back pain without current related radiculopathy. Treatment to date has included medications, physical therapy, Med-X rehab equipment use and massage therapy. According to the progress notes dated 5/7/15, the IW reported chronic neck and low back pain. She used Med-X equipment for rehab exercises with significant results, needing less pain medication. On examination, there was mild tenderness to the bilateral neck and the base of the lumbar spine. Active range of motion (ROM) of the neck was full with slight pain at the extremes of motion. Motor and sensory exams of the upper and lower extremities were within normal limits. ROM of the thoracolumbar spine was limited, with forward flexion 45 degrees and extension 10 degrees before feeling pain; lateral bending was 15 degrees bilaterally. Heel-toe walk was performed without difficulty. Straight leg raise was negative at 70 degrees sitting and lying. The IW was taking Norco sparingly for pain, with 60 tablets reportedly lasting three to four months. The MRI of the lumbar spine on 3/11/15 showed disc desiccation and disc height loss at L3-4 and L4-5 with mild to moderate spinal canal and neural foraminal stenosis. A request was made for Med-X program membership one (1) year due to significant benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med-X program membership for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar extension exercise equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gym membership Page(s): 53.

Decision rationale: There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In this case, the request was for a Med Ex membership to provide rehabilitation with specialized equipment. There is no evidence that the claimant's home exercises and physical therapy are inferior to the membership. Consequently a Med-X program membership is not medically necessary.