

Case Number:	CM15-0134343		
Date Assigned:	07/22/2015	Date of Injury:	12/13/2012
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 57 year old male, who sustained an industrial injury, December 13, 2012. The injured worker was moving a television with another person, when the other person dropped the end of the television causing the injured worker severe back pain. The injured worker previously received the following treatments L5-S1 lumbar midline interlaminar epidural steroid injection under fluoroscopy guidance, Xanax, Serzone and psychological services. The injured worker was diagnosed with low back and right anterior thigh pain with history of prior EMG findings of maralgia paresthesia on the right as well as right chronic radiculopathy, lumbar disc bulge at L5-S1, right S1 radiculopathy, varicose vein, stress and anxiety. According to progress note of April 8, 2015, the injured worker's chief complaint was lumbar spine pain as well as issues related to psychiatry. The lumbar spine pain was radiating into the lateral foot and lateral calf. The pain was made better by rest and medications. The pain was made worse by weather changes and activity such as walking, sitting and standing. The physical exam noted the low back pain with radiation of pain into the lateral foot and calf, the pain was consistent with S1 radiculopathy. Surgery was on hold at this time per the surgeon. The treatment plan included a year gym member and orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 1 year: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines gym membership times one year is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnosis are low back and right anterior thigh pain; lumbar disc bulge L5-S1; right S1 radiculopathy; varicose veins; and stress and anxiety. Date of injury is December 13, 2012. Request for authorization is dated June 12, 2015. The most recent progress note by the requesting provider in the medical record is dated April 8, 2015. Subjectively, the injured worker has low back pain that radiates to the lateral foot and calf. Objectively, the documentation is limited to decreased sensation over the left calf. The documentation indicates a mattress was denied. There is no documentation in the April 8, 2015 progress note with a clinical discussion, indication or rationale for a gym membership. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent guideline recommendations for a gym membership and compelling clinical facts indicating a gym membership is indicated, gym membership times one year is not medically necessary.

Orthopedic Mattress: 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).

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 section, Mattress selection.

Decision rationale: Pursuant to the Official Disability Guidelines, orthopedic mattress is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the home. The guidelines do not recommend firmness as

a sole criterion. There are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. In this case, the injured worker's working diagnosis are low back and right anterior thigh pain; lumbar disc bulge L5-S1; right S1 radiculopathy; varicose veins; and stress and anxiety. Date of injury is December 13, 2012. Request for authorization is dated June 12, 2015. The most recent progress note by the requesting provider in the medical record is dated April 8, 2015. Subjectively, the injured worker has low back pain that radiates to the lateral foot and calf. Objectively, the documentation is limited to decreased sensation over the left calf. The documentation indicates a mattress was denied. Mattress selection does not meet the definition for DME. Additionally, mattress selection is subjective and depends on personal preference and individual factors. Consequently, absent guideline recommendations for an orthopedic mattress, orthopedic mattress is not medically necessary.