

Case Number:	CM15-0148898		
Date Assigned:	08/12/2015	Date of Injury:	09/21/1999
Decision Date:	09/14/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

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, North Carolina
 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:

This 62 year old man sustained an industrial injury on 9-21-1999 after restraining a patient. Evaluations include lumbar spine x-rays dated 1-5-2015, an undated and unavailable lumbar spine MRI, and left knee x-rays dated 1-5-2015. Diagnoses include low back pain, lumbar degenerative disc disease, possible lumbar discogenic pain, possible lumbar radicular pain, bilateral knee pain, myofascial pain, and chronic pain syndrome. Treatment has included oral medications, home exercise program, physical therapy, injection therapy, heat, ice, surgical interventions, and aquatic therapy. Physician notes dated 6-15-2015 show complaints of low back pain with radiation to the buttocks and bilateral knee pain. The worker rates his pain 9 out of 10 without medications and 6-8 out of 10 with medications. Recommendations include one year gym membership, TENS unit 30-day trial for use at home, updated lumbar spine MRI, orthopedic specialist consultation, medication management with the primary care physician, psychology consultation, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) months gym membership: 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 Membership.

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 chapter, gym memberships.

Decision rationale: ODG states that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, there is no evidence that a home exercise program has been ineffective and a membership at the [REDACTED] will not provide medically supervised therapy. There is also no need for specialized equipment. Therefore the request is deemed not medically necessary or appropriate.

TENS unit (days) Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous therapy Page(s): 114-116.

Decision rationale: CA MTUS states that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. TENS is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to functional based restoration program. In this case, a functional restoration program has not been documented. There is no documentation of conservative management. The patient has not received physical therapy to the back. Therefore the request for a TENS unit is not medically necessary or appropriate.