

Case Number:	CM15-0186462		
Date Assigned:	09/28/2015	Date of Injury:	11/10/2010
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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: 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:

The injured worker is a(n) 51 year old female, who sustained an industrial injury on 11-10-10. The injured worker was diagnosed as having cervical strain, severe lumbar disc disease at L5-S1 contacting the right S1 nerve root and a right knee Baker's cyst. Medical records (3-31-15 through 6-16-15) indicated 8 out of 10 pain in her right knee, neck and back and 4-5 out of 10 pain with medications. The physical exam (3-31-15 through 7-14-15) revealed some peripatellar swelling in the right knee and multiple trigger point areas of tenderness throughout the cervical, thoracic and lumbar paraspinal musculature. Treatment to date has included physical therapy to the right leg (at least 3 sessions), Voltaren gel, Flector patch, a home exercise program and a right knee MRI on 4-4-15 showing "moderate chondromalacia of the patellar articular cartilage". As of the PR2 dated 8-25-15, the injured worker reports ongoing neck and back pain and right knee pain. She noted radiating pain down both arms and legs. She is not working and is self-procuring chiropractic and chelation therapy with another physician. Objective findings include "limited" neck and lumbar range of motion, a positive straight leg raise test bilaterally and peripatellar swelling in the right knee. The treating physician requested a cervical MRI and a gym membership. The Utilization Review dated 9-10-15, non-certified the request for a cervical MRI and a gym membership and certified the request for a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for imaging of the cervical spine and the request is not medically necessary.

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: Low Back - Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym memberships.

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, gym memberships are 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. Therefore, the request is not medically necessary.