

Case Number:	CM15-0196693		
Date Assigned:	10/12/2015	Date of Injury:	05/22/2015
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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

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 injured worker is a 63-year-old female who sustained an industrial injury on 5-22-2015. Diagnoses have included lumbar strain, herniated cervical disc without myelopathy, cervical neuropathy, hip contusion, thoracic strain, ankle strain, shoulder-girdle syndrome, and hand and wrist strain. A diagnostic upper electromyogram and nerve conduction velocity study is referenced in the 9-1-2015 note as being "abnormal." This study is not provided in the medical records. Documented treatment includes "land" physical therapy which is noted to not have been tolerated by the injured worker who was switched to water therapy recently completed. On 9-1-2015 the injured worker presented with intermittent, moderate pain and stiffness in the upper and lower extremities, left hip, back, neck and left shoulder girdle. Pain was characterized as dull, throbbing and aching, with nothing providing relief. Range of motion was noted to be painful at all injury sites, without joint tenderness, effusions, masses, crepitus or misalignment. The treating physician's plan of care includes request for authorization for 6 month gym membership to enable the injured worker to continue aquatic exercises started during physical therapy; a referral to a neurosurgeon for evaluation of cervical strain with Left C6-C7 neuropathy; and, MRI for the cervical spine without contrast for complaint of herniated cervical disc with radiculopathy, and MRI for the lumbar spine without contrast due to "persistent pain and sciatica, rule out herniated disc." The injured worker is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Gym Membership Section.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. The medical records do not indicate that the injured worker needs to be non-weight bearing and he has already completed a course of aquatic therapy. The MTUS Guidelines do not address gym memberships to provide access for self directed therapy. The ODG does not recommend gym membership 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 equipment. Treatment needs to be monitored and administered by medical professionals to monitor outcomes. With unsupervised programs there is no information flow back to the provider, so changes in the prescription can be made, 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, therefore, the request for gym membership, 6 months is determined to not be medically necessary.

Referral to a neurosurgeon, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the request

for a consult to a neurosurgeon is premature. There is no evidence in the available documentation of a cervical MRI that indicates or corroborates neurovascular compromise or impairment, therefore, the request for referral to a neurosurgeon, cervical spine is determined to not be medically necessary.

MRI without contrast lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no evidence of tissue insult or nerve impairment to the lumbar spine and there is no evidence of a concern for red flags that would warrant the use of MRI for the lumbar spine. The request for MRI without contrast lumbar spine is determined to not be medically necessary.