

<b>Case Number:</b>	CM15-0023472		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/14/2003
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 male, who sustained an industrial injury on 04/14/2003. On progress note dated 12/30/2014 the injured worker has reported right wrist numbness and pain in the following areas neck, lower back, right shoulder, left shoulder, right wrist/hand and left wrist/hand. On examination the injured worker was noted to have tenderness in the lumbar spine and mild swelling in right hand. Range of motion was noted to be painful in lumbar spine area. The diagnoses have included cervical spine disc bulges, status post lumbar surgery, status post right shoulder surgeries, left shoulder internal derangement, status post left shoulder surgery, status post right carpal tunnel release surgery, left carpal tunnel syndrome and status post left carpal tunnel release surgery. Treatment plan included caudal epidural injection, medication and pool and gym membership. On 01/21/2015 Utilization Review non-certified pool and gym membership cauda epidural injection, as not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. Caudal epidural injection is not medically necessary.

**Pool and 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, Pain (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** A private gym membership is not considered to be medical treatment. Exercise at the gym is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional. Therefore the request is not medically necessary.