

<b>Case Number:</b>	CM15-0037876		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/26/2010
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 29 year old female, who sustained an industrial injury on 3/26/10. She has reported back injury. The diagnoses have included lumbago, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, disorder of back and pain in joint of pelvic region and thigh and right sacroiliitis. Treatment to date has included medications, injections, diagnostics, and Home Exercise Program (HEP) including stretching exercises. Currently, as per physician progress note dated 11/11/2014, the injured worker complains of severe low back pain right lower back that radiates down the right lower extremity with associated numbness, tingling and cramping in the right calf and foot. She has tried to exercise but cannot afford the pool fees. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 11/26/12 revealed degenerative disc disease (DDD), facet joint disease, annular fissures, right sacroiliitis and internal disc derangement or annular tears. Physical exam revealed tenderness to the lumbar spine on the right more than the left, decreased range of motion especially forward flexion and posterior extension, tenderness over the right sacroiliac joint and decreased sensory in the thigh and leg. The current medications included cyclobenzaprine, Ibuprofen, Oxycodone, and Oxycontin. The treatment for the discogenic pain was Epidural Steroid Injection (ESI) and gentle exercises and stretching including pool therapy. On 1/28/15 Utilization Review non-certified a request for Epidural Steroid Injection QTY 1 and Unknown Gym Membership with pool, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Epidural Steroid Injection QTY 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient has a date of injury of 03/26/10 and presents with chronic low back pain, that radiates into the sacroiliac joint and right lower extremity with numbness and tingling. The current request is for EPIDURAL STERIOD INJECTION QTY 1. The Request for Authorization is dated 11/11/14 states that the request is for right L4-5 and L5-S1 epidural steroid injection. The MTUS Guidelines on page 46 supports the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. Examination on 11/11/14 showed tenderness in the lumbar spine, decreased range of motion, DTR is 2+/2 and SLR is negative. There is no MRI report provided for review; however, the treating physician states that prior MRI of the lumbar spine revealed annular fissure at both L4-5 and L5-S1 and requests an ESI for the patient's discogenic pain. In this case, there are complaints of some radiating pain, but there are no examination findings supportive of radiculopathy and there are no corroborative findings of radiculopathy on MRI or EMG testing. The MRI findings stated by the treating physician of annular fissure do not support radiculopathy. The current request is not medically necessary.

### **Unknown Gym Membership with pool: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Gym memberships.

**Decision rationale:** This patient has a date of injury of 03/26/10 and presents with chronic low back pain that radiates into the sacroiliac joint and right lower extremity with numbness and tingling. The current request is for UNKNOWN GYM MEMBERSHIP WITH POOL. The Request for Authorization is dated 11/11/14 states that the request is for Gym membership so she may have access for a pool. The treating physician states that the patient cannot afford to get into the pool at the school, as it requires a fee of \$50 per month. Recommendation was to do gentle exercise and stretching in the pool, as land exercises are painful for her. Regarding gym memberships, ODG Guidelines only allow in cases, where documented home exercise program with periodic assessment and revision have 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, ODG does not support 1 type of exercise over another. There is no documentation of

specific need for special equipment and there is no plan for medical supervision at the gym. MTUS does not support gym membership unless there is a need for special equipment to perform necessary exercise and adequate supervision and monitoring is provided. Furthermore, the request does not specify duration and open-ended requests cannot be supported. This request IS NOT medically necessary.