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| <b>Case Number:</b>   | CM15-0080324 |                              |            |
| <b>Date Assigned:</b> | 05/01/2015   | <b>Date of Injury:</b>       | 03/10/2014 |
| <b>Decision Date:</b> | 06/03/2015   | <b>UR Denial Date:</b>       | 04/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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: Texas, California  
 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 47 year old male who sustained an industrial injury on 03/10/14. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include pain in the lower back and muscle fatigue. Current diagnoses include lumbar degenerative disc disease, facet arthropathy, and resolved lumbar radiculopathy. In a progress not dated 04/06/15 the treating provider reports the plan of care as a 3 months gym membership and a medial branch nerve block from L3-S1. The requested treatments are a gym membership and a medial branch nerve block from L3-S1. Per the doctor's note dated 4/7/15 patient had complaints of bilateral low back pain at 6/10 with muscle fatigue. Physical examination of the low back revealed tenderness on palpation, limited range of motion, negative SLR, normal sensation and strength and reflexes, normal gait and positive facet loading test. Per the doctor's note dated 10/20/14 patient had complaints of low back pain radiating to right LE. The patient has had 7 mm disc herniation. Physical examination of the low back revealed positive SLE, facet loading test and Faber test. The medication list include Skelaxin, Cymbalta and Norco. The patient had received Medial Branch Nerve Block on 11/19/14 and lumbar ESI on 8/12/14. The patient has had MRI of the low back on 4/22/14 that revealed disc bulge with foraminal narrowing, and stenosis. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Months of 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) Gym memberships.

**Decision rationale:** Request: 3 Months of Gym Membership. ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "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 equipment." Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. Patient has received an unspecified number of PT and aquatic therapy visits for this injury. Detailed response to conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of extreme obesity was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The request for 3 Months of Gym Membership is not medically necessary in this patient.

### **1 Medial Branch Nerve Block at L3-L4, L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**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 (updated 05/15/15) Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Medial Branch Nerve Block at L3-L4, L4-L5 and L5-S1. ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines medial branch blocks are "Under study." Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: "1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint

therapy. Per the doctor's note dated 10/20/14 patient had complaints of low back pain radiating to right LE. The patient has had 7 mm disc herniation. Physical examination of the low back revealed positive SLE. As per the cited guidelines for the requested procedure, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The patient had received Medial Branch Nerve Block on 11/19/14 and lumbar ESI on 8/12/14. As per cited guideline "If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Any evidence of the initial pain relief of 70%, and pain relief of at least 50% for a duration of at least 6 weeks following prior bilateral facet joint injection was not specified in the records provided. In addition As per cited guideline, No more than 2 joint levels may be blocked at any one time and this is a request for Medial branch block L3-L4, L4-L5 and L5-S1. The request for Medial Branch Nerve Block at L3-L4, L4-L5 and L5-S1 is not medically necessary in this patient.