

Case Number:	CM15-0084052		
Date Assigned:	05/06/2015	Date of Injury:	01/03/2012
Decision Date:	06/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/01/2015

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, New York, 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 applicant is a represented 45-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 3, 2012. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for multilevel facet injections and a six-month gym membership. The claims administrator referenced a RFA form received on April 13, 2015 and an associated progress note of April 8, 2015 in its determination. The applicant's attorney subsequently appealed. On April 22, 2015, the applicant reported worsening low back and bilateral knee pain complaints. Locking and catching about the knees were reported with equivocal McMurray maneuvers present about both knees. Bilateral knee MRI imaging was sought. The applicant was using Naprosyn, tramadol, Motrin, Lipofen, nasal spray, various vitamins, and Singulair, it was reported. On April 8, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. A facet injection was apparently sought. The applicant's work status was not furnished. The applicant was apparently approaching permanent and stationary status, it was reported. The applicant had undergone earlier failed lumbar spine surgery, it was further noted. The applicant's work status was not detailed. There was no mention of the need for a gym membership. On February 18, 2015, the attending provider suggested that the applicant pursue 10 sessions of physical therapy for ongoing complaints of low back and knee pain. The applicant was not working, it was acknowledged. The applicant had undergone earlier lumbar spine surgery on March 19, 2014, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection at left L4-L5 and L5-S1: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the request for lumbar facet injections was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, i.e., the article at issue, are deemed not recommended. Here, the attending provider did not furnish a compelling rationale for pursuit of facet injections in the face of the unfavorable ACOEM position on the same in his sparse April 8, 2015 progress note. Furthermore, the bulk of the information on file seemingly suggested that the applicant's primary pain generator was lumbar radiculopathy. The applicant reported ongoing complaints of low back pain radiating to the left leg on April 8, 2015 progress note in question. The applicant had undergone earlier lumbar spine surgery. It did not appear, thus, that the applicant had bona fide facetogenic symptomatology for which the facet injections in question could have been considered. Therefore, the request was not medically necessary.

Gym membership x 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Gym memberships.

Decision rationale: Similarly, the request for a gym membership for six months was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In a similar vein, the MTUS Guideline in ACOEM Chapter 5, page 83 notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership at issue, per both ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines, thus, is an article of applicant responsibility as opposed to an article of payer responsibility. ODGs Low Back Chapter Gym Memberships topic notes that gym memberships are not recommended as a medical prescription unless a documented home exercise program has not been effective and there is a need for specialized equipment. Here, however, there was no mention of the need for

specialized equipment. It was not stated or established why, how, and/or if home exercise program had proven ineffectual. Therefore, the request was not medically necessary.