

<b>Case Number:</b>	CM14-0112743		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/15/1994
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old male with a 4/15/1994 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/27/14 noted subjective complaints of low back pain radiating to the lower extremities. He indicates he at times has weakness in the legs with walking. Objective findings included lumbar paraspinal tenderness, intact lower extremity strength. It was noted in 1/28/14 that the patient has difficulty performing ADLs such as bathing, dressing, housekeeping due to his chronic low back pain. Diagnostic Impression: degenerative disc disease, history of lumbar decompression L4-5 Treatment to Date: medication management, lumbar laminectomy and decompression at L4-5A UR decision dated 6/16/14 denied the request for MRI lumbar spine. There were no focal neurological deficits and clinically, strength in the lower extremities is globally intact. It also denied a gym membership x 1 year with access to a pool. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need or equipment. It also denied home health care assistance, 20 hours/week. There is lack of documentation of medical treatment required to be performed by home health.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar Spine without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter: MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter MRI.

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There was specific documentation the motor strength of the lower extremities was intact. Therefore, the request for lumbar MRI is not medically necessary.

**Gym Membership for One (1) year with access to a pool:** Upheld

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

**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 chapter, gym membership.

**Decision rationale:** CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for gym membership for one (1) year with access to a pool is not medically necessary.

**Home Health Care Assistance, 20 hours/week - Unspecified number of weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care

needed. However, there is no mention that the patient is homebound. Additionally, there is no documented medical need for this patient. It was noted that the patient has difficulty performing ADLs such as bathing, dressing, housekeeping due to his chronic low back pain, however medical treatment does not include homemaker services. Therefore, the request for home health care assistance, 20 hours/week - unspecified number of weeks is not medically necessary.