

<b>Case Number:</b>	CM14-0123637		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 53-year-old male with an 11/3/10 date of injury. At the time (7/18/14) of request for authorization for three month gym membership with pool access and transforaminal lumbar epidural steroid injection L5-S1 left, there is documentation of subjective (back pain radiating from low back down the left leg) and objective (restricted lumbar spine range of motion, tenderness over the lumbar spine, and positive FABER test) findings. The current diagnoses include a lumbar radiculopathy, low back pain, and lumbar disc disorder. The treatment to date includes medications, physical therapy, left lumbar epidural steroid injection at L5-S1, and aqua therapy. Regarding three month gym membership with pool access, there is no documentation that a home exercise program with periodic assessment and revision has not been effective and that treatment is monitored and administered by medical professionals. Regarding transforaminal lumbar epidural steroid injection L5-S1 left, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three Month Gym Membership with Pool Access:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership

**Decision rationale:** The MTUS reference to ACOEM identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. The ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, low back pain, and lumbar disc disorder. However, despite documentation of a request for gym membership with pool access, there is no (clear) documentation that a home exercise program with periodic assessment and revision has not been effective and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for three month gym membership with pool access is not medically necessary.

**Tranforaminal Lumbar Epidural Steroid Injection L5-S1 Left:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg.twc.com/odgtwc/Lowback.htm>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** The MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, low back pain, and lumbar disc disorder. However, despite documentation of a previous left lumbar epidural steroid injection at L5-S, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for tranforaminal lumbar epidural steroid injection L5-S1 left is not medically necessary.