

Case Number:	CM14-0139078		
Date Assigned:	09/05/2014	Date of Injury:	05/14/2008
Decision Date:	10/15/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/27/2014

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 Family Medicine and is licensed to practice in California, Tennessee and Florida. 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:

The injured worker is a 57 year old female who sustained an injury to her low back on 05/14/09. The mechanism of injury was not documented. A physical therapy re-evaluation note dated 04/16/14 reported that the injured worker had completed at least 5 physical therapy visits to date that provided minimal benefit. The progress report dated 07/15/14 noted that the injured worker was made permanent and stationary. The injured worker continued to complain of tingling down the right foot, had decrease in frequency, yet the injured worker still had constant tight discomfort in the low back. The injured worker has been using TENS every other day. Physical examination noted active lumbar range of motion 100% normal in all directions; tenderness over the L5-S1 disc spaces, bilateral lumbosacral paraspinal muscles, mid-sacrum and gluteal musculatures; straight leg raise negative; sensation intact; symptoms remain stable and self-manageable. Treatment plan included gym membership, continued home exercise program to address remaining functional deficits and TENS. The injured worker was diagnosed with right L5-S1 radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months for trunk and lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Gym memberships

Decision rationale: The previous request was denied on the basis that clinical guidelines indicate gym memberships are not recommended as a medical prescription unless documented home exercise program with periodic assessment revision has not been effective and there is need for equipment. Also, the treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such gym memberships or advanced home exercise equipment is not generally indicated. Therefore, the request for gym membership for 6 months for the trunk and lower extremities is not deemed as medically appropriate. The Official Disability Guidelines states that with unsupervised programs there is no information flow back to the provider, so he/she can make changes in the prescription and there may be risk of further injury to the injured worker. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Given this, the request for gym membership times 6 months for the trunk and lower extremities is not medically necessary

TENS unit supplies monthly with electrodes, batteries and leadwire replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-16.

Decision rationale: The previous request was denied on the basis that the objective outcome of this DME such as changes in pain score and functional activity tolerance are not specified. As for guidelines, one month trial of TENS unit should be documented "as an adjunct to ongoing treatment modalities within a functional restoration approach" with documentation of how often the unit was used, as well as outcurrent comes in terms of pain relief with function to support purchase or ongoing use. Thus, the request for TENS unit supplies monthly with electrodes, batteries and leadwire replacement is not deemed as medically appropriate. The CAMTUS states that while TENS may reflect the longstanding accepted standard of care within many medical communities, the resulted studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence based assessment of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given this, the request for TENS unit supplies monthly with electrodes, batteries and leadwire replacement is not indicated as medically necessary.