

<b>Case Number:</b>	CM14-0183074		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/19/2005
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 62-year-old male with a 4/19/05 date of injury. At the time (10/22/14) of request for authorization for Left LESI L4-5, Gym Membership for 1 Year, and Soma 350 MG #30 (1 Every Hour As Needed), there is documentation of subjective (low back pain with radiation to the lower extremities) and objective (decreased range of motion of the lumbar spine due to pain, tenderness to palpitation over the left paraspinal muscles, and sensory deficits in the L4-L5 distribution of the left lower extremity) findings, current diagnoses (lumbago, lumbar degenerative disc, sciatica, and lumbar facet arthropathy), and treatment to date (epidural steroid injection and medications (including ongoing treatment with Soma and Norco since at least 3/3/14)). Medical reports identify documentation of 50-100% relief of low back pain and left hip pain with the left epidural injection at L4-L5 on 8/11/14 lasting till 10/22/14, and reduction of Norco use from 4 pills per day to 2-3 pills per day as a result of previous epidural steroid injection; and that the requested gym membership is for the use of machines. Regarding Left LESI L4-5, there is no documentation of functional response as a result of previous epidural steroid injection. Regarding Gym Membership for 1 Year, 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 Soma 350 MG #30, there is no documentation of the intention to treat over a short course (less than two weeks), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left LESI L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**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:** 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. 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 lumbago, lumbar degenerative disc, sciatica, and lumbar facet arthropathy. In addition, given documentation of 50-100% relief of low back pain and left hip pain with the left epidural injection at L4-L5 on 8/11/14 lasting till 10/22/14, and reduction of Norco use from 4 pills per day to 2-3 pills per day as a result of previous epidural steroid injection, there is documentation of at least 50-70% pain relief for six to eight weeks and decreased need for pain medications as a result of previous epidural steroid injection. However, there is no documentation of functional response as a result of previous epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for Left LESI L4-5 is not medically necessary.

**Gym Membership for 1 Year:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipments, 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 lumbago, lumbar degenerative disc, sciatica, and lumbar facet arthropathy). However, despite documentation that the requested gym membership is for the use of machines, there is (clear) documentation of a need for equipments. In addition,

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. Therefore, based on guidelines and a review of the evidence, the request for Gym Membership for 1 Year is not medically necessary.

**Soma 350 MG #30 (1 Every Hour As Needed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbago, lumbar degenerative disc, sciatica, and lumbar facet arthropathy. In addition, there is documentation that Soma used as a second line option. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Soma since at least 3/3/14, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, given documentation of ongoing treatment with Soma, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350 MG #30 (1 Every Hour as needed) is not medically necessary.