MAXIMUS Federal Services

Case Number:	CM14-0043522		
Date Assigned:	07/02/2014	Date of Injury:	06/26/2003
Decision Date:	08/21/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/10/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 48-year-old male who reported an injury 06/26/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 03/11/2014 indicated diagnoses of status post anterior cervical discectomy at C5-6 and C6-7 dated 03/15/2007, bilateral upper extremity radiculopathy improving, cervical facet arthropathy, lumbar spine sprain/strain syndrome, right lower extremity radiculopathy, positive discogram with annular fissuring at L3-4 and L4-5, reactionary depression/anxiety, medication induced gastritis, status post PLIF and L3-4 and L4-5 dated 09/17/2011 and lumbar [redacted] SCS implant dated 04/22/2013 and hypogonadism and erectile dysfunction secondary to chronic opiate use. The injured worker reported persistent low back pain that radiated down both lower extremities. He rated his pain 7/10 in intensity aggravated with any type of bending, twisting and turning. The injured worker reported his spinal cord stimulator worked very well. He received 60% pain relief which allowed him to be more active and functional throughout the day. The injured worker reported neck pain with associated cervicogenic headaches as well as radicular symptoms to both upper extremities. He rated his neck pain 7/10 in intensity. The injured worker reported he cut back on the amount of Norco he took on a daily basis from 10 to 8 tablets. The injured worker reported he was able to assist his wife with cooking and cleaning at home and was able to do laundry. The injured worker reported he completed a course of physical therapy, aqua therapy, which helped him to improve balance, endurance and strength. The injured worker reported aqua therapy was much more beneficial than performing land based activity since it placed pressure on his neck and lower back. On physical examination of the cervical spine, there was tenderness along the cervical musculature with obvious rigidity bilaterally and decreased range of motion. Examination of the lumbar spine revealed significant tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle rigidity along the

lumbar paraspinal musculature. The injured worker had decreased range of motion which was worse than his last visit. The injured worker's straight leg raise in the modified sitting position was positive at about 45 degrees bilaterally. The injured worker had decreased strength in quadriceps on the right in comparison with the left, with motor testing in the right lower extremity at 4 in comparison to the left lower extremity which was between 4 to 4+. The injured worker had decreased sensation along the posterolateral thigh and posterolateral calf bilaterally in approximately the L5 distribution. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, aqua therapy and medication management. The injured worker's medication regimen included Norco, Neurontin, Prilosec, Soma, Xanax, Wellbutrin, Opana, Zanaflex, OxyContin, and Effexor. The provider submitted a request for 1 year gym membership with a pool and 1 LSO brace. A Request for Authorization dated 03/11/2014 and 04/02/2014 was submitted for gym membership and LSO brace. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 gym members for 1 year with pool: 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, Gym membership.

Decision rationale: The request for 1 gym members for 1 year with pool is not medically necessary. The injured worker was diagnosed with of generalized anxiety disorder and pain disorder associated with psychological factors and a general medical condition. The Official Disability Guidelines (ODG) indicate a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. There is lack of evidence of a home exercise program or periodic assessments which had been modified and remained ineffective. In addition, documentation submitted did not indicate there would be professional monitoring or guidance. Therefore, the request for 1 gym membership for 1 year with pool is not medically necessary.

1 LSO brace: 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 - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for 1 LSO brace is not medically necessary. The California/ ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The injured worker has chronic back pain. Lumbar supports, per the guidelines, have not been shown to have any benefit beyond the acute phase. Based on the clinical information provided the request for LSO brace is not medically necessary.