

Case Number:	CM14-0086227		
Date Assigned:	07/23/2014	Date of Injury:	04/27/1996
Decision Date:	09/19/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 77-year-old female who reported an injury on 04/27/1996 due to unspecified cause of injury. The injured worker had a history neck and shoulder pain. The injured worker had a diagnosis of lumbar sprain/strain, herniated nucleus pulposus with radiculitis at the L3-4 and L4-5, left ankle fracture, and left foot drop. The past surgical procedures included a status post open reduction and internal fixation left ankle, with subsequent hardware removal. The MRI of the lumbar spine dated 01/24/2014 revealed disc level shows disheptent of the nuclear pulposus at the L5-S1 posterior disc protrusion indenting the anterior portion of the lumbosacral sac, mild bony hypertrophy, of the articular facet was present. Moderate right lateral recess stenosis was present, and left neural foramen was patent. The past treatments included gym, pool therapy, physical therapy, with assistance of a motorized scooter. The medications included Norco, Neurontin, and Celebrex with a reported pain of 7/10 using the VAS. The objective findings dated 04/30/2014 revealed the injured worker was unable to bear weight without support. Therefore, lumbar range of motion is inconsequential. The left ankle had significant swelling and generally tender to touch. The request for authorization dated 04/30/2014 was submitted with documentation. The rationale for the gym membership and urine drug screen was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen laboratory test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC); Pain Procedure Summary, last updated 04/10/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for urine drug screen laboratory test is not medically necessary. The California MTUS recommend drug screening as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The clinical notes did not indicate that the injured worker a history of illegal drug use. As such, the request is not medically necessary.

Gym membership for pool use: 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), Treatment in Workers Compensation (TWC); Ankle and Foot Procedure Summary last updated 03/26/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back Lumbar & Thoracic (Acute & Chronic), Gym Membership.

Decision rationale: The request Gym membership is not medically necessary. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. As such, the request is not medically necessary.