

Case Number:	CM14-0088507		
Date Assigned:	07/23/2014	Date of Injury:	06/07/2013
Decision Date:	10/01/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on June 7, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 16, 2014, indicated ongoing complaints of neck pain and low back pain. The physical examination demonstrated tenderness to palpation and decreased range of motion. Diagnostic imaging studies were not reviewed. Previous treatment included medications, physical therapy, chiropractic care and other pain management interventions. A request had been made for work conditioning and multiple injections and gym membership for yoga and Pilates and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post procedural initial work conditioning QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

Decision rationale: The MTUS guidelines support work conditioning and hardening programs in selected patients who have a work related musculoskeletal condition with functional

limitations precluding ability to safely achieve a physically demanding job, after treatment with physical or occupational therapy with improvement followed by a plateau. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, less than 2 years past the date of injury, and are required to meet selection criteria per MTUS treatment guidelines. Review, of the available medical records, fails to document referral to physical therapy or occupation with a plateau in improvement. As such, this request is not considered medically necessary.

Post procedural work conditioning physical therapy, twice weekly for 5 weeks, lumbar spine QTY:10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar Epidural Steroid injection QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As outlined in the MTUS, epidural steroid injections can be supported if there is objective data to document a verifiable radiculopathy. When noting the progress notes presented for review, there is no competent, objective and independently confirmable medical evidence of a verifiable radiculopathy. Furthermore, there is no electrodiagnostic evidence of a verifiable radiculopathy. As such, when considering the parameters noted in the MTUS and by the clinical information presented for review, the medical necessity for this procedure cannot be established.

Nerve root block injection QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As outlined in the MTUS, epidural steroid injections can be supported if there is objective data to document a verifiable radiculopathy. When noting the progress notes

presented for review, there is no competent, objective and independently confirmable medical evidence of a verifiable radiculopathy. Furthermore, there is no electrodiagnostic evidence of a verifiable radiculopathy. As such, when considering the parameters noted in the MTUS and by the clinical information presented for review, the medical necessity for this procedure cannot be established.

Gym membership for yoga and Pilates exercises QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter updated September, 2014

Decision rationale: It is noted that neither the MTUS or ACOEM guidelines address this topic. The ODG specifically recommends against the use of gym memberships. The clinician indicates that the membership has been noted to help with the claimant's pain in the past. However, there is no clear indication that a gym membership constitutes monitored and supervised treatment by a healthcare professional. As such, in accordance with the ODG guidelines, the request is not considered medically necessary.