

Case Number:	CM14-0212759		
Date Assigned:	12/30/2014	Date of Injury:	03/23/2010
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 63-year-old woman with a date of injury of March 20, 2010. The mechanism of injury occurred while working as a teacher aide. As the IW was walking towards the cafeteria, a group of students suddenly ran into her. She lost balance and fell to the ground injuring her left knee, left side of body, left sided rib, left side of head, left neck and low back. The injured worker's working diagnoses are lumbar disc bulge with protrusion at L4-L5 with left sided neuroforaminal narrowing; left sided L5-S1 lumbar facet hypertrophy; left sided L5-S1 lumbar radiculopathy; cervical osteophytosis with cyst and left neuroforaminal narrowing at C6-C7; left-sided C5, C6 and C7 dorsal rami involvement; left knee contusion injury with fluid and joint; and chronic myofascial pain syndrome. Prior treatments have included multiple sessions of physical therapy, medication management, and left knee injections. Pursuant to the Medical Legal Report by the treating physician dated December 9, 2014, the IW complains of constant low back pain shooting down the left leg and mainly worsening of weakness in the left leg. She also has neck pain shooting down the left upper extremity. Additionally, she has complaints of back pain with radiation down both legs. Examination of the lumbar spine reveals restricted range of motion. Lumbar flexion is 35 degrees, extension is 10 degrees, and lateral bending and rotations are 20 degrees. There are paravertebral muscle spasms and localized tenderness present in the lumbar spine area. There is diminished sensation to light touch along the medial and lateral border of the left leg, calf and foot. Further documentation in the same progress note dated December 9, 2014 indicates the IW underwent needle EMG/NCV studies of the upper and lower extremities March 20, 2012. The reports showed left L5-S1 lumbar radiculopathy. The provider

reports the IW is in need of repeat EMG/NCV studies to rule out additional lumbar radiculopathy. He reports she is also in need of a gym membership to recondition her left lower extremity. The current request is for gym membership, and EMG/NCV of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: 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, Gym Membership.

Decision rationale: Pursuant to the Official Disability Guidelines, a gym membership is not medically necessary. Not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are lumbar disc bulge with protrusion at L4 - L5 with left sided neuroforaminal narrowing; left sided L5 - S1 lumbar facet hypertrophy; left sided L5 - S1 lumbar radiculopathy; cervical osteophytosis with cyst and left neuroforaminal narrowing at C6 - C7; left-sided C5, C6 and C7 dorsal rami involvement; left knee contusion injury with fluid and joint; and chronic myofascial pain syndrome. Gym memberships, health clubs and swimming pools would not generally be considered medical treatment and are not covered under these guidelines. Consequently, according to the guidelines, gym memberships are not medically necessary.

EMG/NCV lower extremities: Upheld

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

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, NCV/EMG.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV lower extremities are not medically necessary. Nerve conduction velocity studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary

if radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are lumbar disc bulge with protrusion at L4 - L5 with left sided neuroforaminal narrowing; left sided L5 - S1 lumbar facet hypertrophy; left sided L5 - S1 lumbar radiculopathy; cervical osteophytosis with cyst and left neuroforaminal narrowing at C6 - C7; left-sided C5, C6 and C7 dorsal rami involvement; left knee contusion injury with fluid and joint; and chronic myofascial pain syndrome. The medical record in a December 9, 2014 progress note indicates the injured worker had a needle EMG/NCV study of the lower extremities on March 20, 2012 that was reported as an L5 - S1 lumbar radiculopathy. Progress note on page 13 of the medical record states the injured worker needs an updated needle EMG/NCV study of lower extremities to rule out additional lumbar radiculopathy as the previous needle EMG/NCV study was done on March 20, 2012 with reports of left L5 - S1 lumbar radiculopathy. The guidelines indicate there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms of radiculopathy. EMGs are recommended to obtain unequivocal evidence of radiculopathy. The injured worker had a prior electrodiagnostic study indicative of radiculopathy. There is no additional clinical indication or clinical rationale in the medical record to support repeating the studies. Consequently, absent clinical documentation to support repeating NCV/EMG's of the lower extremities, EMG/NCV lower extremities are not medically necessary.