

<b>Case Number:</b>	CM14-0215747		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old female who suffered a cumulative work related injury on 08/06/2010. Diagnoses include cervical spine strain with degenerative disc disease; rule out right upper extremity radiculopathy, right shoulder impingement, diabetes, status post right carpal and cubital tunnel release, left carpal and cubital tunnel release, and left knee surgery. Treatment has included physical therapy, activity modification, chiropractic treatment, and medications. In a progress note dated 11/19/2014 the injured worker reports increased pain since her last visit. She is growing weaker on her left side. Her right hand/wrist pain is 10/10 with weakness, left hand/wrist pain is 10/10 with weakness, right and left elbow pain is 10/10, and neck pain is 10/10 with radiating pain to the upper back and constant right shoulder pain 10/10 radiating pain to the shoulder pain. She continues to have difficulties performing simple daily activities of daily living, such as making the beds, housework, and cooking. Objective findings reveal Jamar right 00-00-00 (unable to grip), left-00-00-00, unable to grip. The cervical spine has decreased painful range of motion. Wrists and hands show a positive Phalen's test., and elbows show a positive Tinel's test. An EMG/NVC of the upper extremities, which was done 4/25/2014 reveal moderate left median motor neuropathy at the wrist, moderate bilateral median sensory neuropathy at the wrists. An Magnetic Resonance Imaging of the lumbosacral spine done on 12/05/2014 showed loss of intervertebral disc height and disc desiccation changes are seen at the Lumbar 4-Lumbar 5, and Lumbar 5-Sacral 1 and Lumbar 3-Lumbar 4 levels with straightening of the normal lumbar spine lordosis. Lumbar 5-Sacral 1 reveals annular concentric broad-base 4.2 mm disc protrusion present flattening and abutting the anterior portion of the thecal sac with

extension to the bilateral lateral recesses slightly more to the left greater than the right with mild bilateral facet arthropathy changes and ligamentum flavum hypertrophy producing mild bilateral lateral spinal and neural foraminal stenosis. Lumbar 4-Lumbar 5 level: annular concentric broad-based 4.0mm disc protrusion present flattening and abutting the anterior portion of the thecal sac with extension to the bilateral lateral recesses, slightly more to the left greater than right with mild bilateral facet arthropathy changes and ligamentum flavum hypertrophy producing mild bilateral lateral spinal and neural foraminal stenosis. On 11/19/2014 the request is for aquatic and land based physical therapy 2 x 6 for the low back, gym membership for low back pain, and lumbar epidural injections. Utilization review dated 11/24/2014 modified the request for aquatic and land based physical therapy for the low back to six visits citing California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, American College of Occupational and Environmental Medicine (ACOEM) Pain, Suffering, and the Restoration of Function Chapter, ACOEM Low back Complaints, Official Disability Low back, aquatic and land based physical therapy. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under guidelines. California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) low back complaints do not support epidural injection in the absence of an objective radiculopathy in the management of injuries to the back, and then only in an effort to avoid surgery. The epidural injection is not certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic and land-based physical therapy twice a week for six weeks for the low back:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering, and the Restoration of Function chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** Regarding the request for aquatic and land-based physical therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. The patient has a longstanding injury, but there is no documentation of specific objective functional improvement with any previous PT sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with

formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently request for aquatic and land-based physical therapy is not medically necessary.

**Gym membership for low back pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Minnesota Worker's Compensation Treatment Parameter Rules, TP-59

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Low Back Chapter, Gym memberships

**Decision rationale:** Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.

**Lumbar epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation AMA Guides

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

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current subjective and objective findings supporting a diagnosis of radiculopathy with imaging or electrodiagnostic studies corroborating that diagnosis. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.