

Case Number:	CM15-0017778		
Date Assigned:	02/05/2015	Date of Injury:	12/29/2003
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 41 year old male with an industrial injury date of 12/29/2003. The mechanism of injury is documented as almost falling off a truck and strained his low back. He presented on 12/18/2014 with low back pain. He rated the pain level without medications as 4-5/10. Mild tenderness and tightness of the posterior cervical area was noted. There was tenderness and spasm across the lumbosacral area with 50% restriction of flexion and extension. Prior treatments include medications. MRI of the lumbar spine 12/17/2012 revealed at lumbar 4-5 there is disk bulge, minimal canal compromise and facet arthrosis. Diagnoses were degeneration of lumbar intervertebral disc, lumbar radiculopathy and osteoarthritis of spinal facet joint. On 01/02/2015 utilization review issued a decision of non-certification for 16 months gym membership. ODG was cited. Lidoderm 5 % patch # 30 was also non-certified. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 months 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46-47. Decision based on Non-MTUS Citation Low Back

Decision rationale: MTUS states that exercise is a recommended intervention for pain management and states that no single exercise program is recommended over any other program. The ODG addresses gym memberships in the section on the treatment of low back pain and states that gym memberships are not recommended unless a documented home exercise program has not been effective or if specialized equipment is required. The medical record does not contain any description of the failure of a home exercise program and does not describe the need for any specialized equipment. A 16 month gym membership is not medical necessary.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment. Therefore the use of Lidoderm is not medically necessary.