

Case Number:	CM15-0179506		
Date Assigned:	09/21/2015	Date of Injury:	01/20/2013
Decision Date:	10/30/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 1-20-13. The injured worker was diagnosed as having lumbar or thoracic radiculitis, lumbosacral spondylosis without myelopathy and myofascial pain. The physical exam (3-31-15 through 7-22-15) revealed 2-6 out of 10 pain, a positive straight leg raise test, lumbar flexion was 50 degrees, extension was 20 degrees and lateral flexion was 20 degrees bilaterally. Treatment to date has included a bilateral L5 epidural injection on 11-31-14 and a right L5 epidural injection on 3-31-15 with "excellent" results, lumbar trigger point injections, a lumbar MRI on 8-13-15 showing a broad based bulge with facet hypertrophy, physical therapy with "minimal" relief, a TENS unit, Gabapentin, Baclofen and a topical compound cream. As of the PR2 dated 8-21-15, the injured worker reports low back pain and is unable to work. He rates his pain 2 out of 10 without medications. The injured worker indicated that he had joined a gym and was exercising daily and goes to the gym three times weekly. Objective findings include lumbar flexion 50 degrees, extension 20 degrees and lateral flexion 20 degrees bilaterally. The treating physician requested a bilateral S1 transforaminal epidural steroid injection and a six-month gym membership. On 8-24-15, the treating physician requested a Utilization Review for a bilateral S1 transforaminal epidural steroid injection and a six-month gym membership. The Utilization Review dated 9-1-15, non-certified the request for a bilateral S1 transforaminal epidural steroid injection and a six-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Based on the 03/03/15 progress report provided by treating physician, the patient presents with low back pain with radiation into bilateral lower extremities. The patient is status post L4-L5 laminectomy in 2001. The request is for bilateral S1 transforaminal epidural steroid injection. Patient's diagnosis per Request for Authorization form dated 02/09/15 includes low back pain, lumbosacral spondylosis without myelopathy, myalgia myositis unspecified, lumbar radiculitis, and lumbar postlaminectomy syndrome. Treatment to date has included a bilateral L5 epidural injection on 11-31-14, right L5 epidural injection on 3-31-15 with "excellent" results, lumbar trigger point injections, imaging studies, physical therapy, TENS, and medications. Patient's medications include Gabapentin, Baclofen and topical creams. The patient is temporarily totally disabled. MTUS Guidelines, Epidural Steroid Injections Section, pages 46-47 has the following criteria: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per 03/03/15 report, treater states "B/L L5 TESI performed 11/3/14 with excellent results. The patient feels that the radicular pain in bilateral lower extremities is returning and expressed desire for repeat procedure on 2/3/15. The patient benefited from epidural steroid injection in the past (more than 50% relief that lasted few weeks/months). Since the radiculopathy noted on EMG, will request authorization from WC for bilateral L4 TFESI to reduce his radicular pain." Physical examination to the lumbar spine on 03/03/15 revealed tenderness to palpation to the paraspinal muscles and positive straight leg raise test bilaterally. EMG/NCS of the bilateral lower extremities per 03/03/15 report showed "chronic right L5 and acute left L5 radiculopathy." MRI of the lumbar spine per 03/03/15 report showed "multilevel lumbar DDD and facet arthropathy causing mild to moderate bilateral neural foraminal and lateral recess stenosis from L2-3 to L5-S1." In this case, there are radicular symptoms with MRI showing potential nerve root lesions and EMG is suggestive of radiculopathy, and treater has documented benefit and significant improvement from prior injection. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

6 month 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 (ODG) Lumbar Chapter (Online Version).

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 - Thoracic & Lumbar (acute & chronic) chapter under Gym memberships.

Decision rationale: Based on the 03/03/15 progress report provided by treating physician, the patient presents with low back pain with radiation into bilateral lower extremities. The patient is status post L4-L5 laminectomy in 2001. The request is for 6 MONTH GYM MEMBERSHIP. The request is for BILATERAL S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION. Patient's diagnosis per Request for Authorization form dated 02/09/15 includes low back pain, lumbosacral spondylosis without myelopathy, myalgia myositis unspecified, lumbar radiculitis, and lumbar postlaminectomy syndrome. Physical examination to the lumbar spine on 03/03/15 revealed tenderness to palpation to the paraspinal muscles and positive straight leg raise test bilaterally. EMG/NCS of the bilateral lower extremities per 03/03/15 report showed "chronic right L5 and acute left L5 radiculopathy." MRI of the lumbar spine per 03/03/15 report showed "multilevel lumbar DDD and facet arthropathy causing mild to moderate bilateral neural foraminal and lateral recess stenosis from L2-3 to L5-S1." Treatment to date has included a bilateral L5 epidural injection on 11-31-14, right L5 epidural injection on 3-31-15 with "excellent" results, lumbar trigger point injections, imaging studies, physical therapy, TENS, and medications. Patient's medications include Gabapentin, Baclofen and topical creams. The patient is temporarily totally disabled. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines Lower back: Thoracic & Lumbar (acute & chronic) chapter under Gym memberships states: "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." Per 03/03/15 report, treater states, "the patient has joined the gym, doing exercises every day. He goes to gym 3 times/wk." However, the treater does not explain the purpose of the request. There is no discussion regarding the need for specialized equipment, nor documentation of specific objective and subjective outcomes with regards to the gym membership. Treater has not discussed why the patient is unable to do the necessary exercises at home. In addition, there is no indication that the exercise regimen will be supervised by a medical professional, as required by ODG. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.