

<b>Case Number:</b>	CM15-0060296		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: 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 40-year-old male who sustained an industrial injury on 04/11/2014 due to a fall from a ladder. Diagnoses include lumbar radiculitis; lumbago; herniated disc of the lumbar and lumbosacral spine; disc degeneration, lumbar spine; disc disorder with myelopathy, lumbar spine; and sciatica. Treatment to date has included medications, chiropractic treatment, acupuncture, 4 epidural steroid injections in 2005 and physical and pool therapy. Diagnostics performed to date included x-rays and MRIs. According to the Pain Management Re-Evaluation Report dated 1/21/15, the IW reported constant low back pain with radiation to the left leg, causing numbness and weakness. Medications, rest and physiotherapy improve his pain. A request was made for medical clearance with an internist for the IW's hypertension; yoga and Pilates; a two-year gym membership for aquatic and land exercises, aerobics, weight training; and percutaneous spinal nerve root inject at left L4, L5 and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Yoga and Pilates:** 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) (updated 03/03/2015), Yoga.

**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, Yoga.

**Decision rationale:** The Official Disability Guidelines indicate that yoga is recommended for select highly motivated injured workers. The clinical documentation submitted for review failed to indicate the injured worker was highly motivated. Additionally, the request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for yoga and Pilates is not medically necessary.

**2 Years Gym Membership for aquatic & land exercises aerobics weight training:** 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), Low Back, Gym memberships, Yoga.

**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, Gym Membership.

**Decision rationale:** The Official Disability Guidelines indicate that Gym memberships and swimming pools, would not generally be considered medical treatment, and are therefore not covered under the disability guidelines. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documented rationale to support the necessity for both aquatic and land exercises. The injured worker had previously undergone both treatments and there was a lack of documentation of objective functional benefit and remaining objective functional deficits. Given the above, the request for 2 Years Gym Membership for aquatic & land exercises aerobics weight training is not medically necessary.

**Percutaneous Spinal Nerve Root Inject at left L4 L5 and S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The percutaneous spinal nerve root injection would be considered a selective nerve root block and therefore would be considered a diagnostic epidural steroid injection. The California MTUS Guidelines recommend epidural steroid injections for injured workers who have objective findings of radiculopathy upon physical examination that are

corroborated by electrodiagnostic or imaging studies and who have failed conservative care including muscle relaxants, NSAIDs, physical medicine treatment, and exercise. Additionally, the documentation indicated the injured worker had previously undergone epidural steroid injections and there was a lack of documentation indicating the injured worker's objective functional improvement and an objective decrease in pain and decrease in medications for 6 to 8 weeks following the procedure. Additionally, no diagnostic studies were provided for review. Given the above, the request for Percutaneous Spinal Nerve Root Inject at left L4 L5 and S1 is not medically necessary.

**Medical clearance with an internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guideline.gov/content.aspx](http://www.guideline.gov/content.aspx).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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