

Case Number:	CM15-0077826		
Date Assigned:	04/29/2015	Date of Injury:	09/22/2008
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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
 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 56-year-old male who sustained an industrial injury on 9/22/2008. His diagnoses, and/or impressions, included: mild-moderate bilateral lumbosacral radiculopathy; urinary/bowel incontinence & urgency due to multiple lumbar spine radiculopathy and disc bulges; "CMPS"; cervical and thoracic; chronic myofascial pain syndrome - cervical and thoracolumbar spine, moderate-severe. No current magnetic resonance imaging studies or computed tomography studies are noted. His treatments are noted to have included home muscle stretching; exercise at a gym (membership); deep breathing exercises; rest from work on "SSDI"; and medication management. Progress notes of 3/9/2015 reported constant, moderate-severe upper and lower back pain, with frequent pain/numbness in the bilateral lower extremities; with > 60%-80% improvements in symptoms and function on his current medications; also reported was moderate depression with severe difficulty sleeping without medications. The physician's requests for treatments were noted to include a lumbar epidural steroid injection for the disc bulges, and a gym membership x 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI (epidural steroid injection) of the lumbar spine, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies. Therefore the request does not meet all criteria as outlined above and is not medically necessary.

Gym Membership x 3 months: 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), Knee & Leg Chapter, Gym Memberships; Low Back, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, gym memberships.

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. Therefore the request is not medically necessary.

