

Case Number:	CM13-0057125		
Date Assigned:	12/30/2013	Date of Injury:	10/25/2012
Decision Date:	03/29/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 29-year-old male who reported an injury on 10/25/2002. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with low back pain and degenerative disc disease of the lumbar spine. [REDACTED] saw the patient on 10/17/2013. The patient reported persistent low back pain with radiation to the right lower extremity. Physical examination revealed diffuse non-dermatomal low back pain, spasm, difficulty rising from a sitting position, and restricted range of motion. Treatment recommendations included authorization for a gym membership and a peripheral nerve stimulation trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP, DURATION FOR 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym Membership.

Decision rationale: Official Disability Guidelines do not recommend gym memberships, as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The patient does not appear to meet criteria for the requested service. There is no indication of the need for specialized equipment, nor is there indication of a failure to respond to a home exercise program. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.

DME--PURCHASE TRIAL OF PERIPHERAL NERVE CORD STIMULATOR:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

Decision rationale: California MTUS Guidelines state percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered if used as an adjunct to a program of functional restoration. As per the documentation submitted, there is no indication of this patient's active participation in functional restoration program. There is also no indication of a failure to respond to therapeutic exercise and TENS therapy. Based on the clinical information received, the patient does not meet criteria for the requested durable medical equipment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.