

<b>Case Number:</b>	CM13-0006658		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	08/03/2001
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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 63 year old female with date of injury 8/3/01. The treating physician report dated 6/12/13 indicates that the patient presents with pain affecting the lumbar spine with radiation of pain into the bilateral lower extremities and neck pain that radiates into the bilateral upper extremities. The pain is rated an 8-9/10 with medications and a 9/10 without medications. The physical examination findings reveal tenderness in the cervical spine C3-7 and lumbar spine L3-S1, Sensory and motor examination revealed "no change." The current diagnoses are: 1.Lumbar radiculopathy 2.Cervical radiculitis 3.Occipital neuralgia 4.Myalgia 5.Fibromyalgia 6.Headaches 7.Depression 8.Hypertension 9.Diabetes Mellitus 10.History of FMS diagnosed by rheumatologist. The utilization review report dated 7/8/13 denied the request for 1 year gym membership with access to pool, Pain management follow-up and Rheumatologist follow-up based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 YEAR GYM MEMBERSHIP WITH ACCESS TO POOL: 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 Pain (LBP)- Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Gym memberships.

**Decision rationale:** The patient presents with chronic neck and back pain with bilateral upper and lower extremity radiating pain. The current request is for a one year gym membership with access to pool. The treating physician report dated 6/12/13 states, "Recommended patient be authorized for 1-year gym membership with access to warm water pool for independent exercise." Review of the 3/20/13 report states, "Continue on-going exercise program. An on-going exercise educational program was initiated on a prior office visit. Today's reevaluation included a periodic review of the patient's progress along with the recommendation that the patient continue with the exercise program." There is no documentation of prior responses to physical therapy. There is no documentation of failure of a home exercise program. There is no documentation that outlines why a one year non supervised gym membership is medically necessary. While this may be nice for the patient, there is no medical evidence to support the request. The MTUS guidelines do not address gym memberships. The ODG guidelines states that they 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 equipment. There is nothing in the medical reports reviewed from 12/26/13 through 6/12/13 to support this request. The request is not medically necessary and appropriate.

**PAIN MANAGEMENT, FOLLOW-UP:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

**Decision rationale:** The patient presents with chronic neck and back pain with bilateral upper and lower extremity radiating pain. The current request is for pain management follow-up. The current report dated 6/12/13 is from the pain management specialist that was previously referred from an orthopedist. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral and is further supported by ACOEM for follow-up visits. The treating physician feels that Ongoing Pain Management is required and the patient is currently prescribed Opioids which require monitoring. The request is medically necessary and appropriate.

**RHEUMATOLOGIST, FOLLOW-UP:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS, ACOEM , Chapter 7, page 127.

**Decision rationale:** The patient presents with chronic neck and back pain with bilateral upper and lower extremity radiating pain. The current request is for Rheumatologist follow up. The treating physician states that the patient requires rheumatology follow up regarding the current diagnosis of fibromyalgia syndrome. The treating physician has noted in the 6/12/13 report that the patient has multiple tender points of cervical spine, thoracic spine, lumbar spine, shoulders, elbows, wrists, anterior chest, hips and knees. The patient has previously been seen by a rheumatologist and the treating physician notes that a follow up appointment is required. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral and is further supported by ACOEM for follow-up visits. The treating physician feels that a return appointment with the rheumatologist is medically indicated for the management of fibromyalgia syndrome. The request is medically necessary and appropriate.