

<b>Case Number:</b>	CM13-0011192		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	11/22/2002
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine Medicine, 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 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 61 year old male who suffered an industrial injury to the lower back on 11/22/02. He has been treated with chiropractic, physical therapy, pool therapy, massage, Ultram, and Tylenol #3. The earliest available report is dated 5/7/12 and signed by [REDACTED]; it states that the patient has back pain rated 3/10 that limits his activities of daily living. Massage has helped with this pain, but only provided temporary relief. The first report of neck pain is on a 2/21/13 report. The latest report is dated 7/1/13 and signed [REDACTED]. There is also a letter from the patient explaining that he has difficulty exercising outside a warm pool, and that he anticipates a hand-held massager and transdermal cream will be beneficial. He also states that the massage therapy helps prevent his back from binding up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**gym membership with a pool:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar chapter - Gym memberships.

**Decision rationale:** The MTUS states that aquatic therapy may be an alternative to land-based physical therapy where weight-bearing is desirable, for example in the case of extreme obesity. In the medical records from 5/7/12 to 7/1-13, there is no mention of the patient's weight or weight-bearing tolerance, so it is not clear if aquatic therapy is necessary. The MTUS does not discuss gym memberships, so the Official Disability Guidelines (ODG) were consulted. The ODG states that gym memberships are recommended if there is documentation that the home exercise program is not effective, there is need for equipment, and the treatment is administered and monitored by medical professionals. The ODG also states that gym memberships are not considered medical treatment. There is no documentation of a home exercise program, no mention of effectiveness of prior gym membership, and no medical monitoring or administration of aquatic exercised; therefore, the request is not in accordance with ODG or MTUS guidelines.

**handheld massager:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** The MTUS states that massage is passive therapy and treatment dependence should be avoided. It also states that massage does not produce lasting benefits; this was confirmed in the 5/7/12 report from [REDACTED]. Therefore, the request is not in accordance with MTUS guidelines.

**unspecified massage therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS states that massage is passive therapy and treatment dependence should be avoided; the patient has had fairly extensive massage therapy already. The MTUS also states that massage should be limited to 4-6 sessions and that massage does not produce lasting benefits; this was confirmed in the 5/7/12 report from [REDACTED]. Therefore, the request is not in accordance with MTUS guidelines.

**transdermal cream:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): 111-113.

**Decision rationale:** The type of transdermal cream being requested was not specified, so it is unclear which section of the guidelines would apply; however, the MTUS states that topical analgesics/NSAIDs are not recommended for the spine, hip, or shoulder. There is not enough information provided in accordance with MTUS guidelines, so this request cannot be considered medically necessary.