

<b>Case Number:</b>	CM13-0012961		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 and is licensed to practice in California, Ohio and Pennsylvania. 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 underlying date of injury in this case is 01/02/2013. The primary diagnoses include right S1 radiculopathy, right L5 radiculopathy, grade 1 spondylolisthesis at L5, bilateral L5 pars defects, large right paracentral disc protrusion at L5-S1, severe right L5-S1 lateral recess stenosis, lumbar sprain, lumbar degenerative disc disease, and right sacroiliac sprain. An initial physician review recommended non-certification of a gym exercise program with a personal trainer. That review noted that there was no evidence that the patient would require specialized equipment and no indication that the treatment would be administered and monitored by medical professionals. The treating physician submitted an appeal on 08/20/2013 regarding the request for gym exercise with a personal trainer. The treating provider states that this treatment was recommended by a qualified medical examiner on 01/02/2013. A qualified medical examination report of 05/06/2013 notes that the patient has a history of a lumbar strain, 2-level lumbosacral disc injury, L5-S1 spondylolisthesis, and right S1 radiculopathy. That report notes that the treatment guidelines specifically state that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. In turn, that notes states that if the patient wishes to participate in a gym exercise program with a personal trainer, that up to 8-12 sessions would be reasonable to supervise the patient's exercise program and to teach the patient how to do exercises and to work with gym equipment given the patient's lumbosacral spondylolisthesis with a pars defect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym exercise with personal trainer for 8 treatments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine states, "Active therapy requires an internal effort by the individual to complete a specific exercise or task... Allow for fading of treatment frequency plus active self-directed home Physical Medicine." This guideline anticipates that training a patient for an independent home exercise program should be done as part of medical treatment by a physical therapist. It is not clear that training by a personal trainer would meet the definition of medical treatment. A qualified medical examiner states that the patient requires instruction specifically given the patient's underlying pars defect. However, it is not apparent that a personal trainer would be qualified to provide such instruction, nor is it apparent why a personal trainer would be appropriate rather than a physical therapist as per the treatment guidelines. Therefore, this treatment is not medically necessary.