

Case Number:	CM13-0027842		
Date Assigned:	11/22/2013	Date of Injury:	06/12/2009
Decision Date:	01/29/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year-old female Counselor Assistant sustained an injury after tripping over electrical wiring on 6/12/09 while employed by [REDACTED]. Request under consideration include gym pass for three years and outpatient rehab program for reflex sympathetic dystrophy three times per week. Report dated 1/22/13 from [REDACTED] for [REDACTED] noted patient with diagnosis of CRPS (complex regional pain syndrome) refractory to conservative and interventional pain management with history of Lumbar L5-S1 fusion in December 2009. Medications list Levorphanol 4 mg three times per day, increased from 2 mg, Vicodin, Baclofen, Gabapentin, Topamax, and Cymbalta. She had psychotherapy and remains off work. Treatment recommendation included inpatient pain management program. Treatment has included physical therapy, medication, injections including sympathetic blocks to bilateral L2, L3, lumbar surgery of 2009, and off work. Report dated 9/9/13 from [REDACTED] noted the patient's chief complaint of back pain with unchanged exam. She is s/p fusion 12/15/09, s/p cervical stimulator placement 7/6/10 and had treatment evaluation with [REDACTED] for her RSD (reflex sympathetic dystrophy) issues. The treatment plan included Ketamine infusion and more extensive rehabilitation program of 3x/wk. for her RSD. The patient has purchased a three year gym membership including pool program which she would like to be reimbursed. Requests were non-certified by [REDACTED] on 9/13/13, citing guidelines criteria, lack of program description to clarify clear goals of outpatient rehab program, and use of gym, unmonitored may lead to increased injuries and risks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym pass for three years: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Section.

Decision rationale: The Physician Reviewer's decision rationale: This 43 year-old female Counselor Assistant sustained an injury after tripping over electrical wiring on 6/12/09 while employed by [REDACTED]. Request under consideration include gym pass for three years. Diagnoses are s/p Lumbar fusion L5-S1 in 2009 with CRPS. Report dated 9/9/13 from [REDACTED] noted the patient's chief complaint of back pain with unchanged exam. She is status-post fusion 12/15/09, s/p cervical stimulator placement 7/6/10. She remains off work and the treatment plan included Ketamine infusion and more extensive rehabilitation program of 3x/wk. for her RSD. The patient has purchased a three year gym membership including pool program which she would like to be reimbursed. It can be expected that the patient be instructed in an independent home exercise program to supplement the formal physical therapy she is has received and to continue with strengthening post discharge from physical therapy. Although the Chronic Pain Medical Treatment Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed (the opportunity to-). Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The request for a gym pass for three years is not medically necessary or appropriate.

An outpatient rehab program for reflex sympathetic dystrophy, three times per week:
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 Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs) Section Page(s): 49.

Decision rationale: This 43 year-old female Counselor Assistant sustained an injury after tripping over electrical wiring on 6/12/09 while employed by [REDACTED]. Request under consideration include outpatient rehab program for reflex sympathetic dystrophy three times per week. Diagnoses are status-post Lumbar fusion L5-S1 in 2009 with CRPS. Report dated 9/9/13 from [REDACTED] noted the patient's chief complaint of back pain with unchanged exam. She is s/p fusion 12/15/09, s/p cervical stimulator placement 7/6/10. She remains off work and the treatment plan included Ketamine infusion and more extensive rehabilitation program of 3x/wk. for her RSD. It appears the patient continues with chronic pain and remains total temporarily disabled for this 2009 injury, now over 4 years without any goals or plan to return to any form of modified work. It is unclear why the patient requires further outpatient therapy at this time. The patient is without clear neurological deficits demonstrated on clinical examinations, but has complaints of pain beyond the SCS with increasing Levorphanol dosing from 2 mg to 4 mg TID which is not the emphasis of such a program as the purpose is to improve function, not to eliminate pain. The Chronic Pain Medical Treatment Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation, without any aspiration to return to work. The request for an outpatient rehab program for reflex sympathetic dystrophy, three times per week, is not medically necessary or appropriate.