

<b>Case Number:</b>	CM13-0029829		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	09/08/1997
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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. 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:

This 55 year-old female sustained a low back injury while lifting cases of oil with a dolly on 9/8/97 during employment by [REDACTED]. Requests under consideration include acupuncture of the lumbar spine x 12 sessions and gym membership at [REDACTED] to continue pool therapy. Report of 8/12/13 from [REDACTED] noted patient with chronic, severe pain in the lower back and right knee. Exam indicated decreased but equal deep tendon reflexes, tenderness over the L4 and L5, and inability to squat secondary to right knee pain; decreased bilateral lower extremity strength. Conservative treatment has included chiropractic care, physical therapy, lumbar medial branch blocks, aquatic therapy, and lumbar ESI. Current request for acupuncture was partially-certified for 6 sessions while the gym membership to continue pool therapy was non-certified on 9/6/13, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture of the lumbar spine x twelve (12) sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** This 55 year-old female sustained a low back injury while lifting cases of oil with a dolly on 9/8/97 during employment by [REDACTED]. Requests under consideration include acupuncture of the lumbar spine x 12 sessions and gym membership at [REDACTED] to continue pool therapy. Report of 8/12/13 noted patient with chronic, severe pain in the lower back and right knee. Exam indicated decreased but equal deep tendon reflexes, tenderness over the L4 and L5, and inability to squat secondary to right knee pain; decreased bilateral lower extremity strength. Conservative treatment has included chiropractic care, physical therapy, lumbar medial branch blocks, aquatic therapy, and lumbar ESI. Current request for acupuncture was partially-certified for 6 sessions with further consideration pending functional benefit. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support the request for full 12 sessions. The acupuncture of the lumbar spine x 12 sessions is not medically necessary and appropriate.

**Gym membership at [REDACTED] to continue pool therapy:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Section Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** This 55 year-old female sustained a low back injury while lifting cases of oil with a dolly on 9/8/97 during employment by [REDACTED]. Requests under consideration include acupuncture of the lumbar spine x 12 sessions and gym membership at [REDACTED] to continue pool therapy. Report of 8/12/13 noted patient with chronic, severe pain in the lower back and right knee. Exam indicated decreased but equal deep tendon reflexes, tenderness over the L4 and L5, and inability to squat secondary to right knee pain; decreased bilateral lower extremity strength. Conservative treatment has included chiropractic care, physical therapy, lumbar medial branch blocks, aquatic therapy, and lumbar ESI. It can be expected that the patient has been instructed in an independent home exercise program to supplement the formal physical therapy she had received and to continue with strengthening post discharge from PT. Although the MTUS 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 gym membership at [REDACTED] to continue pool therapy is not medically necessary and appropriate.