MAXIMUS Federal Services

Case Number:	CM13-0037334		
Date Assigned:	12/13/2013	Date of Injury:	12/08/2008
Decision Date:	04/22/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 & 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:

This 52 year-old male sustained an injury on 12/8/08 while employed by [redacted]. Request under consideration include Outpatient CT of Lumbar Spine and Gym Membership. Diagnoses included lumbar spinal stenosis; lumbago; and radiculitis. On 4/2/13, the patient underwent L5-S corpectomy, decompression, discectomy and interbody fusion. Conservative care has included physical therapy, lumbar steroid injections, lumbar brace, cane, hot packs, massage therapy, and diagnostics. Report of 9/16/13 from the provider noted patient with low back pain associated with leg pain. Exam showed lumbar tenderness. Imaging results noted healing fusion at L5-S1 with good alignment. Treatment plan noted x-rays today reveal healing; however, a CT scan was requested for further assessment to assure that fusion is taking place before starting on more aggressive core strengthening. A request was also made for gym membership to help the patient lose weight. The above requests for CT scan and gym membership were non-certified on 9/23/13 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:

OUTPATIENT CT OF LUMBAR SPINE.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

Decision rationale: The Expert Reviewer's decision rationale: This 52 year-old male sustained an injury on 12/8/08 while employed by [redacted]. Request under consideration include Outpatient CT of Lumbar Spine and Gym Membership. Diagnoses included lumbar spinal stenosis; lumbago; and radiculitis. On 4/2/13, the patient underwent L5-S corpectomy, decompression, discectomy and interbody fusion. Conservative care has included physical therapy, lumbar steroid injections, lumbar brace, cane, hot packs, massage therapy, and diagnostics. Report of 9/16/13 from the provider noted patient with low back pain associated with leg pain. Exam showed lumbar tenderness. Imaging results noted healing fusion at L5-S1 with good alignment. Treatment plan noted x-rays today reveal healing; however, a CT scan was requested for further assessment to assure that fusion is taking place before starting on more aggressive core strengthening. A request was also made for gym membership to help the patient lose weight. ACOEM Treatment Guidelines for Low Back Disorders states criteria for ordering imaging studies such as the requested CT scan of the Lumbar Spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Lumbar spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. As reported by the provider, x-rays show healing and the patient was recommended for gym membership which is unsupervised and not indicated if there was a question of surgical healing. The Outpatient CT of Lumbar Spine is not medically necessary and appropriate.

GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The Expert Reviewer's decision rationale: It can be expected that the patient be instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT as surgery was on 4/2/13, over 1 year ago. 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-bandsto 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. 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 is not medically necessary and appropriate.