

<b>Case Number:</b>	CM13-0043985		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/13/2000
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Pain Management 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 is a male patient with the date of injury of March 13, 2000. A utilization review determination dated October 8, 2013 recommends non-certification of 6 months YMCA membership and acupuncture x 6 sessions. The previous reviewing physician recommended non-certification of 6 months YMCA membership due to lack of documentation of guidelines support for gym membership as a medical treatment and non-certification of acupuncture x 6 sessions due to lack of documentation of limited evidence of objective and functional gains from the six completed visits. A PR-2 dated November 5, 2013 identifies Subjective Complaints of sleep that is often fitful and restless. Objective Findings include slightly more tenderness at the base of the neck and in the low back. There is about the same range of motion of both the cervical spine and both shoulders. There is mild diffuse tightness, but no focal myospasm. Right ankle jerk seems diminished. Diagnoses include spinal stenosis of lumbar region and neck pain, chronic. Treatment Plan identifies he is showing definite progress in terms of decreased pain and increased function with initial trial of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Months YMCA Membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Gym Memberships.

**Decision rationale:** Regarding the request for 6 months YMCA membership, Chronic Pain Medical Treatment Guidelines state gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. Within the medical information made available for review, there is no documentation that a home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In the absence of such documentation, the currently requested 6 months YMCA membership is not medically necessary.

**Acupuncture x 6 sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Acupuncture Guidelines.

**Decision rationale:** Regarding the request for Acupuncture x 6 sessions, Acupuncture Medical Treatment Guidelines state "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The Guidelines state time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. Optimum duration: 1 to 2 months. ODG recommends with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Within the medical information made available for review, there is documentation that the patient has completed a trial of 6 acupuncture visits with definite progress in terms of decreased pain and increased function. The requested additional acupuncture sessions fall within the recommended amount of sessions by Acupuncture Medical Treatment Guidelines. As such, the currently requested Acupuncture x 6 sessions is medically necessary.