

<b>Case Number:</b>	CM13-0053003		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 patient is a 27-year-old male who reported an injury on 12/30/2011. The mechanism of injury was a bilateral lower extremity crush injury. It was indicated that on the day of injury, the patient underwent surgery for bilateral tibia intramedullary nailing. It was noted that the patient participated in both aquatic therapy and land-based physical therapy. The patient reported a constant burning pain in the lower extremities from the knees down bilaterally. Upon examination, it was noted that the patient's gait was antalgic with a slight decreased stance phase on the left as compared to the right with decreased push off bilaterally. It was noted that the patient had hypersensitivity to light touch throughout the lower extremities from the knees down. The hip range of motion was within normal limits. Bilateral knee range of motion was flexion at 120 and extension at 0. The lower extremity muscle test was grossly intact with complaints of pain. Lower extremity reflexes were present and symmetric. The diagnoses listed were chronic pain syndrome, traumatic crush injury to the bilateral lower extremities, history of open bilateral tib/fib fractures, status post intramedullary nailing in the bilateral lower extremities with complete bone healing, complex regional pain syndrome affecting the bilateral lower extremities, reactive depressive/anxiety with probable posttraumatic stress disorder and panic attacks as well as sleep disturbance by his report (nightmares). The chronic pain psychosocial evaluation dated 08/06/2013 indicated that the patient was experiencing a chronic pain disorder as well as significant depression, anxiety and impaired sleep. The most prominent symptoms of emotional distress included anhedonia, poor energy and motivation, depression and irritable mood as well as anxiety and panic attacks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership x 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health; and Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Gym memberships.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS does not address gym memberships; however, the ODG states that 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. The records provided for review indicate that the patient had a bilateral lower extremity crush injury. However, the records provided for review failed to reveal documentation that a home exercise program had not been effective and that there would be a need for equipment. Furthermore, The ODG does not recommend gym memberships due to, treatment needs to be monitored and administered by medical professionals. As such, the request for a gym membership for 6 months is not found to be medically necessary. Therefore, the request is non-certified.

**Pain Psychology 6 sessions (1 x 6):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health; and Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive behavioral therapy (CBT).

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS does not address pain psychology. However, the Official Disability Guidelines state that studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life incidents do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. The records provided for review included a chronic pain psychosocial evaluation dated for 08/06/2013, which revealed that the patient was experiencing a chronic pain disorder as well as significant depression, anxiety and impaired sleep. The most prominent symptoms of the emotional distress included anhedonia, poor energy and motivation, depression and irritable mood, anxiety and panic attacks. As such, the request for pain psychology for 6 sessions (1 times 6) is found to be medically necessary. Therefore, the request is certified.

