

Case Number:	CM13-0061323		
Date Assigned:	03/03/2014	Date of Injury:	12/20/2007
Decision Date:	05/12/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/04/2013

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 has a subspecialty in Interventional Spine 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 patient is a 69-year-old male with date of injury of 12/20/2007. According to the progress report, the patient complains of low back symptomatology. He also reports left leg pain. The objective findings show that the patient has a mild left-sided sciatica. There is also left-sided paralumbar tenderness and pain associated with palpation and compression. The physician is requesting a 1 year gym membership and 1 inversion table.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM MEMBERSHIP TO YMCA OR 24 HOUR FITNESS: 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), Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Memberships

Decision rationale: This patient presents with chronic low back pain. The physician is requesting 1 year gym membership so that the patient can have access to a low-impact aerobics

exercise and access to appropriate self-directed therapy. The MTUS Guidelines page 46 and 47 recommend exercise but states, "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Furthermore, ODG Guidelines for the lumbar spine do not recommend gym memberships as medical treatment. They are not recommended as a prescription, "unless a documented home exercise program with periodic assessment in revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals." In this case, the patient does not show that he is not able to tolerate land-based exercises. There is no evidence to suggest exercises specific to a gym over home exercises. Recommendation is for denial.

1 INVERSION TABLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146-147. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC - Lumbar Spine (http://www.odg-twc.com/odgtwc/low_back)

Decision rationale: This patient presents with chronic low back pain. The physician is requesting an inversion table. The MTUS and ACOEM Guidelines are silent in regards to this request. However, ODG under traction devices does not recommend using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option if used as an adjunct to a program of evidence-based conservative care. In addition, tractions have not been proven effective for a lasting relief in the treatment of low back pain. Unless it is part of evidence-based conservative care, traction units do not appear indicated per ODG guidelines. Recommendation is for denial.