

Case Number:	CM13-0062575		
Date Assigned:	01/03/2014	Date of Injury:	10/23/2007
Decision Date:	04/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Practice, and is licensed to practice in 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 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:

The patient was seen on 12/09/2013 for increased back pain. The physician noted that the patient was seen by a chiropractor 2 weeks ago with some benefit from the treatment. The patient noted that she had another flare up 3 days ago. She has been taking her Celebrex twice a day and over-the-counter Tylenol about 3 times a day. The physician notes the patient continues to have chronic neck and back pain with additional left shoulder pain and radicular symptoms to her left upper extremity. The patient did state some separate symptoms of numbness and tingling in the ulnar distribution of her left upper extremity distal to the elbow. The patient has noted approximately 50% reduction in her pain with the use of Celebrex. Upon exam, the physician noted to the shoulder slight to moderate positive impingement signs in the left shoulder, and supraspinatus motor testing was positive on the left. On elbow examination, there was some tenderness noted at the left lateral epicondyle and at the left medial epicondyle, Tinel's testing is negative at the left cubital tunnel. On spine exam, the physician noted for cervical spine tenderness and slight spasm noted in the left lower cervical paraspinal region, range of motion was slightly reduced in all planes except for flexion, which was within normal limits. Thoracic exam, the physician noted tenderness to palpation noted in the right rhomboid region. Lumbar exam, tenderness was noted throughout the lumbar spine and overflowing to the right sacroiliac (SI) joint region, and straight leg raises were negative bilaterally. Motor testing to upper and lower extremities was 5/5 in all major muscle groups. The patient per the physician was diagnosed with chronic cervicalgia, chronic back pain, posttraumatic cervical strain, posttraumatic thoracic and lumbar strains, slight left shoulder impingement syndrome, left cubital tunnel syndrome, rule out left cervical radiculopathy versus brachial plexopathy, and situational depression/anxiety. As Part of the plan the physician noted that he was requesting 6 sessions of physical therapy, as it appears the therapy she had received previously focused

mainly upon her cervical spine and shoulders. Also noted the physician stated the patient has not received instruction in an exercise program regarding her lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) MONTH GYM MEMBERSHIP FOR LOW BACK PAIN: Upheld

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

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 Membership.

Decision rationale: The patient has diagnoses of chronic cervicalgia, chronic back pain, posttraumatic cervical strain, posttraumatic thoracic and lumbar strain, slight left shoulder impingement syndrome, left cubital tunnel syndrome, rule out left cervical radiculopathy versus brachial plexopathy, and situational depression/anxiety. The physician did note the patient continues to have chronic back and neck pain with additional left shoulder pain and radicular symptoms of her upper left extremity. She notes some separate symptoms of numbness and tingling at the ulnar distribution of her left upper extremity distal to the elbow. The patient is medicating with Celebrex twice a day and Tylenol 3 times a day. The patient has noted that Celebrex has helped about 50% with her pain level. The California Chronic Pain Medical Treatment Guidelines do not address gym membership. The Official Disability Guidelines (ODG) note for gym memberships it is not recommended as a medical prescription, plus this treatment needs to be monitored and administered by medical professionals. While an individual exercise course is recommended, more elaborate and personal care where outcomes are not monitored by a health professional, such as a gym membership, may not be covered under the ODG. It is also noted that with unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pool, athletic clubs, would not generally be considered medical treatment, and therefore are not covered under these guidelines. Therefore, the request for a six (6) month gym membership for low back pain is non-certified.