

Case Number:	CM14-0010164		
Date Assigned:	06/11/2014	Date of Injury:	11/05/2003
Decision Date:	07/14/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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:

The injured worker is a 52-year-old male who reported an injury on 11/05/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 09/30/2013 indicated the injured worker reported ongoing lower back pain that radiated down both lower extremities. On physical exam of the lumbar spine, there was tenderness to palpation on the posterior lumbar musculature with muscle rigidity bilaterally. The injured worker had trigger points that were palpable and tender throughout the lumbar musculature. The injured worker had decreased range of motion and extension was limited to only 10 degrees. The injured worker had pain with maneuvers. The injured worker's straight leg raise in the modified sitting position was positive on the left at 45 degrees with radicular symptoms and negative on the right. His deep tendon reflexes were 2 at the patella and Achilles bilaterally. The injured worker recently received certification for a gym membership. The injured worker requested trigger point injections. He reported trigger point injections consistently provided at least 50% relief that lasted 2 weeks. Prior treatments have included trigger point injections, medication management, surgery, and diagnostic imaging. The provider submitted a request for gym membership with access to a warm pool. The injured worker's medication regimen included intrathecal morphine, intrathecal bupivacaine, Norco, Neurontin, Prilosec, Fexmid, and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH ACCESS TO A WARM POOL: Upheld

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

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 Official Disability Guidelines (ODG) indicate a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. There is lack of evidence of a home exercise program with periodic assessments which have been modified and remained ineffective. In addition, there is a lack of documentation of efficacy and functional improvement of the prior gym membership. Additionally, the request does not clearly define duration of time for gym membership. Furthermore, there is no justification for the request for the gym membership with access to a warm pool. Therefore, the request for gym membership with access to a warm pool is not medically necessary.

ORTHOPEDIC MATTRESS SUCH AS A SLEEP NUMBER.: Upheld

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

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, Mattress selection.

Decision rationale: The Official Disability Guidelines (ODG) state not recommended using firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. The guidelines also state there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. The Guidelines do not support purchase of any type of specialized mattress or bedding as a treatment for low back pain. There

was no justification for the request. Therefore, the request for orthopedic mattress such as a sleep number is not medically necessary.