

<b>Case Number:</b>	CM14-0016879		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/06/1997
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Occupational Medicine 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 is a 63-year-old female with a 1/6/97 date of injury. The patient is status post lumbar spine L5-S1 discectomy surgery in 2001. The patient was seen on 10/23/13 with complaints of chronic low back pain and right lower extremity pain with associated numbness and tingling, 4/10. An MRI of the lumbar spine on 1/31/11 revealed mild disk bulges without stenosis. No changes were noted since the prior MRI dated 6/14/07. An electromyography/nerve conduction velocity (EMG/NCV) was suggestive but not diagnostic of sacroiliac (SI) radiculopathy. The patient was noted to be starting a functional restoration program for 80 hours. She was again seen on 1/14/13 and had completed the functional restoration program. Her pain was noted to be a 3.5 out of 10. She was noted to have a home exercise program, but claims she had difficulty to continue without the proper equipment. The patient was noted to using a TENS unit which was helping with flare up pain, but she was running low on supplies. The recommendation was for a thirteen (13) week to membership and TENS unit supplies. The patient is noted to permanent and stationary. The treatment to date: epidural injections, lumbar surgery, home exercise program (HEP), medications, TENS unit, and functional restoration program (FRP). A utilization review decision dated 1/23/14, denied the request for a gym membership given the Official Disability Guidelines (ODG) does not support exercise programs that are not monitored by medical professionals. In addition, the patient has not demonstrated she has failed a home exercise program. This is request for TENS units supplies was denied given has not been proven to be effective in chronic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thirteen (13) week trial of gym membership:** 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-TWC Low Back Procedure Summary (last updated 12/27/2013).

**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 Chapter, Gym Membership.

**Decision rationale:** The Official Disability Guidelines do not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs are not generally considered medical treatment. This patient is noted to be independent in a home exercise program. She has just completed a functional restoration program (FRP) and her pain went from a 4/10 to a 3.5/10. It is unclear what the goals are of the gym membership, and there is no mention that the patient would be monitored by health care professionals. In addition, there is no indication she has failed her home exercise program. Therefore, the request for a thirteen (13) week trial of gym membership is not medically necessary.

**TENS (transcutaneous electrical nerve stimulation) unit supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 116.

**Decision rationale:** The Chronic Pain Guidelines indicate that with regard to TENS units, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There is no such documentation with regard to frequency and severity of this patient's flare-ups, which is what the unit is being used for in this patient. There is no documentation of outcomes of relief or specific long-term goals. Therefore, the request for tens unit supplies is not medically necessary.