

<b>Case Number:</b>	CM14-0017814		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 63 year old female with a work injury dated 3/22/12. The diagnoses include sacroiliitis, sciatica, and disorder of the sacrum. Under consideration is a request for acupuncture x 6 Visits for the low back and gym membership x 6 Months. There is a primary treating physician (PR-2) document dated 1/27/14 that states that the patient states that her flare up occurred while taking on more everyday tasks since her husband had surgery. She has frequent slight to moderate lumbar pain. Due to her recent flare up her activities are hindered. On examination she had restricted lumbar range of motion. There is a positive right Lasague's signs. There is a positive bilateral Ely test. There is a positive bilateral Kemp test and a positive left Fabere test. There is a request for continued chiropractic care, acupuncture, gym membership and massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE X 6 SESSIONS FOR THE LOW BACK: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: acupuncture.

**Decision rationale:** Acupuncture x 6 sessions is not medically necessary per the MTUS Acupuncture Guidelines. The guidelines state that the time to produce functional improvement is 3 to 6 treatments. The documentation indicates that the patient is having a flare up. The ODG states that there should be an initial trial of 3-4 visits over 2 weeks. Both of the California MTUS Acupuncture Guidelines and the ODG guidelines state that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. The documentation indicates that the patient has had a flare up of pain. The request for 6 sessions would exceed the recommendations of a trial of 3-4 visits with an extension if functional improvement is documented. The request for acupuncture x 6 sessions is not medically necessary.

**6 MONTHS GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 15-16.

**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 - Lumbar & Thoracic (Acute & Chronic)-gym membership.

**Decision rationale:** 6 month gym membership is not medically necessary per the ODG Guidelines. The California MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. 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 would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for a 6 month gym membership is not medically necessary.