

<b>Case Number:</b>	CM14-0128772		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	04/30/1999
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 53 year old male who sustained an injury to his low back on 04/30/99. The mechanism of injury was not documented. The clinical note dated 06/20/14 reported that since the last visit, the injured worker stated that they are doing slightly worse. The injured worker stated that his whole right side is hurting from his neck to his hip at 3-6/10 VAS. Physical examination noted severe trigger points over the low back and right sacroiliac articulation with moderate trigger points over the mid-back; severe hypertonicity over his right sacroiliac articulation, lower lumbar musculature, right piriformis muscle, and right buttocks with moderate hypertonicity over the upper trapezius muscle, cervical musculature, mid-thoracic, and upper thoracic. There were severe taut fibers over the mid-lumbar musculature, lower lumbar musculature, right piriformis muscle, right gluteal musculature, and right sacroiliac articulation. The injured worker had 1/2 inch functionally short right leg length while in the prone position. There were no imaging studies provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 Electrical Reclining Chair: 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) Online version, Durable medical equipment.

**Decision rationale:** The request for 1 electrical reclining chair is not medically necessary. The current evidence based guidelines do not mention the use of an electrical reaching chair for managing lumbar radiculopathy and discopathy with spondylolisthesis; therefore, the request could not be deemed as medically appropriate. The Official Disability Guidelines state ; that durable medical equipment is defined as equipment which can withstand repeated use, i.e., can normally be rented and used by successive injured workers, is primarily and customarily used to serve a medical purpose, generally is not useful to an injured worker in the absence of illness or injury, and is appropriate for use in an injured worker's home. Given this, the request for 1 electrical reclining chair is not indicated as medically necessary.

**1 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

**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 memberships.

**Decision rationale:** The request for 1 gym membership is not medically necessary. The previous request was denied on the basis that the injured worker reported that going to the gym was helpful, and did not reveal documentation of a home exercise program, with periodic assessment and revision was not effective, or that there was a need for equipment. In addition, guidelines note that unsupervised programs do not provide information back to the provider, in which changes can be made in the exercise program prescription to prevent further injury, or progression of the program. The Official Disability Guidelines state that gym memberships, health clubs, swimming pools, athletic clubs, etc. would not generally be considered medical treatment and are therefore not covered under these guidelines. Given this, the request for 1 gym membership is not indicated as medically necessary.