

Case Number:	CM14-0128908		
Date Assigned:	08/18/2014	Date of Injury:	04/20/1998
Decision Date:	09/18/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 04/20/1998. The clinical note dated 08/15/2014 reported that he was previously already approved for a personal trainer sessions which allowed him to lose weight. He reported he dropped 227 pounds as well as allowed him better coordination and improved his mood significantly after 18 to 20 sessions. He had previously failed NSAIDs, muscle relaxants, and physical therapy as well as a home physical therapy program. The injured worker reported he was able to mow his lawn and edge with more coordination as far as going in a straight line and curing with the edge of the grass. He was waiting authorization for payment for a personal trainer and would not be able to train with a personal trainer. His left upper extremity tremor and shakings have increased, having him take Klonopin, pain level was 7/10 to 8/10. The injured worker reported he had a cervical epidural steroid injection dated 07/03/2014 that offered significant relief however, it only lasted two and a half weeks. He reported benefit with the use of Vicoprofen on an as-needed basis. He tried to wean down but was bed ridden with decreased activity and function. He continued to use his medication which allowed him to remain functional and active. He had 50% to 60% relief with the use of Vicoprofen depending on his activity level. On physical examination, the injured worker was 6 foot 2 weighed 240 pounds and had BMI of 30.8. The examination of the cervical spine revealed decreased range of motion with pain with rotation, flexion, and hyperextension, and tenderness along C4-5, C5-6, and C6-7 facets with positive sensory deficits in C6-T1 dermatomes with decreased grip strength bilaterally, left greater than right. The injured worker ambulated slow with an unsteady gait without use of devices and transferred slowly and cautiously. The injured worker had poor motor control in upper extremities bilaterally, left greater than right, positive intention tremor in left upper extremity with strength of 4/5. The injured worker's treatment plan included medications refilled, personal trainer sessions. Prior

treatments included diagnostic imaging, surgery, and medication management, and physical therapy, and personal trainer. His medication regimen included Celebrex, Zoloft, Vicoprofen, clonazepam, and Ambien. The provider submitted a request for 36 sessions with a personal trainer. A request for authorization dated 08/15/2014 was submitted for a personal trainer. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 Sessions with A Personal Trainer: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines ,Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Exercise.

Decision rationale: The request for 36 Sessions with A Personal Trainer is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines state exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. Although the injured worker has reported efficacy and functional improvement with a personal trainer, the injured worker continued to report his pain as 8/10. In addition, according to the injured worker's BMI the injured worker is not considered obese. Additionally, the 20 sessions of physical therapy the injured worker has already received should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching, and range of motion. Furthermore, the request did not indicate a time-frame. Therefore, the request for 36 sessions with a personal trainer is not medically necessary.