

<b>Case Number:</b>	CM14-0169218		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	09/22/2004
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Internal 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:

The patient is a 48 year old female with date of injury 09/22/2004 while tripping and falling at work. Diagnosis include widespread pain (neck, low back, shoulders, legs, wrists, and ankles), myofascial pain and multiple trigger points. Patient has comorbid depression listed as a diagnosis as well. Current medications are listed as ibuprofen. Patient has had multiple sessions of PT, chiropractic care, and acupuncture throughout the years with limited benefit. She was also given a 6 month gym membership in the past as well with no clear documentation as to any long lasting benefit on her chronic pain conditions. Current request is for acupuncture 6 sessions and a gym membership with Pilates x 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, QTY: 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS states that acupuncture can be an option when pain medication is reduced or not tolerated and can also be used adjunctively for recovery from surgery and/or rehabilitation. The standard course is 3-6 treatments and if benefit is seen, to extend for 1-2

months at the frequency of 1-3 times a week. This patient has had multiple documented acupuncture sessions in the past with limited benefit. There is no documentation as to new injury or extraordinary circumstance why more acupuncture is needed given the lack of benefit seen in the past. As such, the acupuncture x 6 session is not medically necessary.

**Gym Membership with Pilates, QTY: 3 months:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Memberships

**Decision rationale:** The MTUS guidelines are silent on gym membership and it does not discuss this issue with regards to any type of treatment for pain or disability conditions. Official disability guidelines address gym memberships and do not recommend it unless a documented home exercise program has not been effective and there is a need for equipment. This patient has already had a gym membership x 6 months in the past authorized and there is no documentation as to any benefit that this gave her. Furthermore, with all of her PT done in the past and recent 6 month gym membership, it is not clear why she is not performing a home exercise program at this time. Given lack of any extraordinary circumstance or new injuries documented, the gym membership with Pilates is not medically necessary.