

<b>Case Number:</b>	CM14-0068784		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/17/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 34-year-old female reportedly injured on October 17, 2009. The most recent progress note, dated February 10, 2014, indicates that there are ongoing complaints of low back pain radiating to the right ankle. ■■■■ stated to be 5/10 without medications and 3/10 with medications. The physical examination demonstrated tenderness of the lumbar spine from L4 through S1. There was decreased lumbar spine range of motion secondary to pain. There was a negative straight leg raise test and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed disk bulge at L4 - L5 and L5 - S1. Previous treatment includes a lumbar epidural steroid injection. A request had been made for a gym membership, and inversion table, and a functional capacity evaluation and was not certified in the pre-authorization process on April 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership:** 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), Shoulder, Gym Membership, Updated August 27, 201

**Decision rationale:** According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record there is no documentation that home exercise program is ineffective or inadequate. Considering this, the request for a gym membership is not medically necessary.

**INVERSION TABLE:** 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), Low Back, Traction, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines traction is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. The attached medical record does not indicate that the injured employee is concurrently participating in any additional conservative care. As such, this request for an inversion table is not medically necessary.

**Functional capacity evaluation:** 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), Fitness for Duty, Functional Capacity Evaluation, Updated September 23, 2014.

**Decision rationale:** According to the Official Disability Guidelines the criteria for performing a functional capacity evaluation includes documentation of prior unsuccessful return to work attempts and that the injured employee is close to or at MMI. The attached medical record indicates that the injured is currently working without restrictions. As such, this request for a functional capacity evaluation is not medically necessary.