

<b>Case Number:</b>	CM14-0074727		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/13/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Occupational 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:

This is a 70 year-old male with a 10/13/99 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/20/14, the patient reported persistent pain in the right hip joint. He has tried physical therapy and a home-based exercise program as well as NSAID medications without any pain relief. He rated his pain as 5+10 and stated it was the most severe pain that he had ever had. Objective findings: tenderness to palpation of the right hip joint, does not appear to be in acute distress, positive Patrick's test. Diagnostic impression: lumbar radiculopathy, sacroiliac pain, pain pelvis or hip, lumbar spondylosis, myofascial pain syndrome, lumbar degenerative disc disease. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 5/2/14 denied the requests for Tempur-Pedic bed or equivalent and 6-month Gym Membership. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tempur-Pedic bed or equivalent:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin # 0543, Hospital Beds and Accessory Policy.

**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.

**Decision rationale:** CA MTUS does not address this issue. ODG states that mattress selection is not recommended. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. There is no clear description of how a different mattress would in fact help improve the patient's pain. There is no discussion of proper sleep hygiene with this patient, or addressing the actual issue as to why the patient is having insomnia. Therefore, the request for a Tempur-Pedic bed or equivalent is not medically necessary.

**6 month Gym Membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Tricare Guidelines and Medicare with regard to Gym Membership, Medicare Manual 2210.2.1.

**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 Membership.

**Decision rationale:** CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for a 6 month Gym Membership is not medically necessary.