

<b>Case Number:</b>	CM14-0079464		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/30/1986
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 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 injured worker is a 66-year-old male who was reportedly injured on September 30, 1986. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 4, 2014, indicated that there were ongoing complaints of low back pain. It was reported that the injured employee is now 6 weeks after a lumbar fusion at L4-L5. The preoperative symptoms were improved. The injured employee was noted to be walking several miles per day. The physical examination demonstrated a 5'8", 174 pound individual with a healed surgical scar, some tenderness to palpation in the paraspinous musculature, a decrease in lumbar spine range of motion, with normal motor function identified. Lower extremity motor and sensory were intact. Diagnostic imaging studies were not reported. Previous treatment included lumbar fusion surgery, postoperative rehabilitation physical therapy, multiple medications and other pain management interventions. A request was made for a gym membership as well as massage therapy, but was not certified in the pre-authorization process on May 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership times six (6) months:** 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 chapter, updated August 2014.

**Decision rationale:** The parameters outlined in the Official Disability Guidelines are used. A gym membership is not recommended, unless a home assessed protocol has not been effective. The progress notes indicate that the injured employee was walking several miles per day. As such, there is no data presented to suggest the need for a gym membership, when a home exercise protocol is easily achieved. The medical necessity has not been established.

**Massage Therapy one (1) hour per week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 60. The Expert Reviewer's decision rationale: As outlined in the California Medical Treatment Utilization Schedule, "massage therapy is as effective as in treatment in acute postoperative pain." However, when noting the date of surgery and the current physical examination findings, there is no clear clinical indication presented that massage therapy is warranted. When noting the postoperative physical therapy, the home exercise protocol and by the current clinical assessment, the medical necessity for such an intervention has not been established.