

Case Number:	CM14-0200233		
Date Assigned:	12/10/2014	Date of Injury:	09/11/2011
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 patient sustained an injury on 9/11/11. Request(s) under consideration include Spine zone 1 time a month for 6 months for the neck and low back. Diagnoses include chronic neck pain/ degenerative disc disease/ stenosis; back and left sciatic symptoms; and mild concussion post fall. Conservative care has included medications, therapy, and modified activities/rest. Medications list Ibuprofen, Prilosec, Cozaar, Maxide, Allopurinol, Ambien, Xanax, Propanolol, and Clonazepam. Report of 10/7/14 from the provider noted patient with chronic ongoing back and neck symptoms. Pain has increased since February of 2014, noting the patient "has become much more deconditioned after his initial course of Spine Zone maintenance program." Exam showed unchanged findings of intact DTRs, pain in neck and back; neck range motion is good with intact distal neurovascularly. The patient continued with Permanent and Stationary status with plan for further maintenance with Spine Zone strengthening program. If not authorized, a short course of PT and home treatment instructions were planned. The request(s) for Spine zone 1 time a month for 6 months for the neck and low back was non-certified on 11/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine zone 1 time a month for 6 months for the neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The Spine zone 1 time a month for 6 months for the neck and low back is not medically necessary and appropriate.