

Case Number:	CM15-0105257		
Date Assigned:	06/09/2015	Date of Injury:	06/10/2010
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 63 year old male who sustained an industrial injury on 06/10/2010 the original report of injury is not found in the available medical records. The injured worker was diagnosed as having sacroiliitis, chronic pain due to trauma, facet joint arthritis, and lumbar radiculitis. Treatment to date has included medications, a neurosurgical consultation (03/19/2016), a diagnostic MRI of the lumbar spine (01/14/2011) and an electromyography (EMG) and nerve conduction study(NCS) on 01/14/2011. The EMG/NCS was normal with no evidence of lumbar radiculopathy or peripheral nerve entrapment. The MRI showed bilateral facet arthropathy and moderate central canal stenosis with neural foraminal narrowing at L3-4 and L2-3. Currently, the injured worker complains of pain in the low back that is a persistent, stiff, achy type of pain that he rates as a 7-8/10. The pain is aggravated by repetitive activity, prolonged standing, and walking. He complains of difficulty sleeping due to persistent pain problems. Medications include Norco, Trazodone, and Lunesta. On exam, he had spasm in the lumbar paraspinal muscles and tenderness in the lumbar facet joints bilaterally. He has stiffness in the lumbar spine with normal strength and noncontributory straight leg raise. The plan of care includes medications as listed prior, and eight to twelve sessions of physical therapy for home exercise teaching, stretching and strengthening exercise, plus 12 months gym membership for flexibility and strengthening exercises for his lumbar radicular pain. A request for authorization for twelve sessions of physical therapy two times six weeks for the lumbar spine, and Twelve months gym membership is submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy two times six weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the low back. The current request is for twelve sessions of physical therapy two times six weeks for the lumbar spine. The treating physician report dated 4/18/15 (154B) states, "I am requesting authorization for eight to twelve sessions of physical therapy for home exercise teaching, stretching and strengthening exercise." A report dated 3/19/15 (48B) states, "In the past, he has had physical therapy." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.

Twelve months gym membership: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low back, Gym memberships.

Decision rationale: The patient presents with pain affecting the low back. The current request is for twelve months gym membership. The treating physician report dated 4/18/15 (154B) states, "I am requesting authorization for twelve months gym membership for flexibility and strengthening exercises for his persistent lumbar radicular pain." The MTUS guidelines do not address the current request. The ODG guidelines have the following regarding gym memberships: "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." The guidelines go on to state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." In this case, there was no discussion of a need for special equipment in the

requesting medical report provided for review. Furthermore, there is also no evidence provided that suggests the patient will be monitored by a medical professional during the duration of his gym membership. The current request does not satisfy the ODG guidelines as outlined in the low back chapter. The current request is not medically necessary.