

Case Number:	CM15-0109313		
Date Assigned:	06/16/2015	Date of Injury:	05/17/2010
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/08/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 was a 33 year old male, who sustained an industrial injury, May 27, 2010. The injured worker previously received the following treatments Tramadol, Wellbutrin, Topiramate, Imitrex, home muscle stretching exercises and trigger point injection. The injured worker was diagnosed with status post C5-C6 fusion with residual pain and numbness in the right arm, chronic headaches, cervicgia superimposed upon migraine headaches, chronic myofascial pain syndrome, cervical and thoracic spine moderate to severe. According to progress note of April 13, 2015, the injured worker's chief complaint was constant neck and upper back pain. The pain was rated 8 out of 10 without mediations. The injured worker reported a 50% improvement in pain since the trigger point injections. The injured worker reported increased mobility for 6-8 weeks at a time. The injured worker reported greater than 60-80% improvement in both pain and ability to function with current mediations, which decreased the pain to 2-3 out of 10 and allows the injured worker to perform activities of daily living with greater ease, such as sitting, walking, bending, lifting, bathing, cooking, sleeping and socializing. There was a 60% improvement of depression with Wellbutrin. The physical exam of the cervical spine noted moderate restriction in all planes. The range of motion of the thoracic spine was slightly restricted with flexion and extension maneuvers. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene and infraspinatus muscles. The neck compression test was positive. The sensation to light touch was decreased in the 2nd, 4th, and 5th digits of the right hand and the left medial aspect of the left forearm. The grip strength of the right hand was 4 out of 5. The right biceps and right triceps jerk

were hypoactive. The treatment plan included a gym membership for three months for the neck and upper back for general strengthening and physical conditioning to maintain current gains, promote healthy life style and elevate mood for greater sense of wellbeing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 3 months for the neck and upper back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and Gym membership pg 53.

Decision rationale: According to the ODG guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In this case, the claimant is already getting significant improvement in pain and function with medications and injections. The claimant is able to perform home exercises. Consequently a gym membership is not medically necessary.