

<b>Case Number:</b>	CM15-0109363		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Texas  
Certification(s)/Specialty: Internal Medicine

### 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 43 year old female, who sustained an industrial injury on 4/3/13. She reported initial complaints of lower back pain and twisted left calf. The injured worker was diagnosed as having lumbar region sprain; lumbosacral neuritis; lumbar disc displacement. Treatment to date has included physical therapy; corset; medications. Diagnostics included Lumbar Spine MRI (no date or report). Currently, the PR-2 notes dated 4/21/15 was a request for the injured worker to be given Physical Rehab such as Horse Back Riding Therapy as tolerated. Also that she be given opportunity to work out in a Gym to develop core strengthening for her back injury to strengthen and reduce pain and increase flexibility. The PR-2 notes dated 2/9/15 notes the injured worker was in the office as a follow-up. The provider notes that a request for surgical intervention was made for a L5-S1 microdiscectomy but they are waiting for authorization. She is also scheduled for an EMG to happen within the next month. She is requesting a refill of her narcotics today and reports she was getting them from her primary physician but he is no longer in practice. The medications are listed as: cyclobenzaprine, Albuterol sulfate tabs, Norco and Tramadol. The provider notes a physical examination was performed and found to be unchanged from prior visit. There is no other noted examination notes. She remains off work for the next six weeks while the office continues await the surgery. Other PR-2 notes indicate in August 2014 she fell down stairs and developed pain and stiffness in the right side. X-rays were taken at that time of the right ankle that revealed no pathology, fracture or dislocation. She was placed in an ankle brace for comfort and stability. An MRI of the lumbar spine is noted in a PR-2 note dated 1/13/15 with an impression of a large disc herniation at L5-S1 to the left, traversing the left S1 nerve root, but there was no date of the MRI

and no report submitted. The provider is requesting authorization for a referral for horseback riding therapy (as tolerated) and gym membership to strengthen, reduce pain and increase flexibility of the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Referral for horseback riding therapy (as tolerated): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

**Decision rationale:** According to the MTUS exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. In this case the request is for horseback riding as a mode of exercise. The MTUS does not recommend any specific exercise over another therefore request for horseback riding is not medically necessary.

#### **Gym membership to strength, reduce pain and increase flexibility of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), lumbar spine, gym memberships.

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

**Decision rationale:** According to the MTUS exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. In this case the request is for a gym membership, as there are no specific recommendations for this type of exercise the request is not medically necessary and has not been established.

