

Case Number:	CM15-0165138		
Date Assigned:	09/02/2015	Date of Injury:	04/29/2015
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina

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 is a 29-year-old male, who sustained an industrial injury on 4-29-15. He reported left leg and left hip pain. The injured worker was diagnosed as having lumbosacral disc herniation at L5-S1, lumbosacral disc disease, retrolisthesis, low back pain, lumbar strain, and arthropathy of bilateral L5-S1 lumbosacral facet joints. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of back tightness. The treating physician requested authorization for 18 sessions with a personal trainer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Personal trainer sessions x18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 43.

Decision rationale: The California MTUS section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is

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. The California MTUS does recommend exercise but the need for a personal trainer versus self-driven exercise is not established in the provided clinical documentation. Therefore, the request is not medically necessary.