MAXIMUS Federal Services

Case Number:	CM15-0182551		
Date Assigned:	09/23/2015	Date of Injury:	10/13/2008
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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
Certification(s)/Specialty: Emergency 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 65-year-old female, who sustained an industrial injury on 10-13-08. The injured worker was diagnosed as having lumbar spinal neuritis; low back pain. Treatment to date has included physical therapy; functional restoration program; medications. Currently, the PR-2 notes dated 8-13-15 indicated the injured worker is in the office as a follow-up after five months status post-graduation from a functional restoration program. She found the program helpful in self-management of the pain. She is experiencing an exacerbation of her low back pain. Her low back pain is reported to have started two weeks ago. She reports no inciting event, normal daily activities. She reports the pain is located in the low back with tingling on the right lateral side with pain worse with activity. It improves with sleep, but "every time she turns on the right side it hurts". She has tried medicine, NSAIDS, patches but feels it is getting worse. She saw her primary care physician on 8-11-15 and he suggested an MRI, anti-inflammatories and see a back specialist. She is in this office for suggestions. The provider lists her medications as: Diclofenac 100mg, Lidoderm 5% Patch, Levothyroxine 25mg, Atenolol 25mg, and Simvastatin 40mg. Her surgical history is notes as an Anterior Cervical Disc Fusion 2-2010 and right shoulder manipulation under anesthesia in 2010. The physical examination documents gait is antalgic, favors right. She is able to heel-toe walk; she demonstrates postural abnormalities with muscle spasm and guarding. The provider documents the lumbar examination as: "Range of motion of the lumbar spine is very limited in flexion, extension, lateral rotation and lateral bending with increase in concordant pain in all planes Motor strength is 5 out of 5 bilateral lower extremities. Sensation is normal to light touch, pinprick and temperature along all dermatomes bilateral lower extremities except decreased right L4, L5 and S1 to all. Deep tendon reflexes are 1+

bilateral ankle and 2+ bilateral knees. Straight leg raise test is positive bilateral right greater than left for radicular signs and symptoms at 30 degrees. Patrick-Gaenslen's test: negative for S1 arthropathy. Pace-Freiberg's test: negative for piriformis syndrome." The PR-2 notes dated 5-20-15 indicated the injured worker was in this office for a six-month follow-up visit. She has complains of pain located in the low back. Again, she expressed the functional restoration program was of benefit. She reports the Lidocaine patches are not as helpful as the Lidoderm patches and indicate the generic version is not helping her pain. She has asked for Lidoderm patches specifically for her next refill. She is encouraged to do stretching and continue the home exercise program. Medications refills were completed at this visit. A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 8-20-15 and non-certification was for a Gym membership x4. Utilization Review denied the requested treatment for not meeting the ODG Guidelines. A request for authorization has been received for a Gym membership x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "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 insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." The injured worker has an exacerbation of her low back pain. Her low back pain is reported to have started two weeks ago. She reports no inciting event, normal daily activities. She reports the pain is located in the low back with tingling on the right lateral side with pain worse with activity. It improves with sleep, but "every time she turns on the right side it hurts". The treating physician has documented postural abnormalities with muscle spasm and guarding. The provider documents the lumbar examination as: Range of motion of the lumbar spine is very limited in flexion, extension, lateral rotation and lateral bending with increase in concordant pain in all planes Motor strength is 5 out of 5 bilateral lower extremities. Sensation

is normal to light touch, pinprick and temperature along all dermatomes bilateral lower extremities except decreased right L4, L5 and S1 to all. Deep tendon reflexes are 1+ bilateral ankles and 2+ bilateral knees. Straight leg raise test is positive bilateral right greater than left for radicular signs and symptoms at 30 degrees. Patrick-Gaenslen's test: negative for S1 arthropathy. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not documented neither monitored attendance nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention. The criteria noted above not having been met, Gym membership x4 is not medically necessary.