

<b>Case Number:</b>	CM15-0184244		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	12/04/2008
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Texas, 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 is a 45 year old female, who sustained an industrial injury on 12-04-2008. She has reported injury to the neck and low back. The injured worker is being treated for chronic myofascial pain syndrome, cervical and thoracolumbar spine; cervical radiculopathy; status post-surgery to cervical spine at the C4-5 and C5-6 levels, on 10-12-2012; lumbar radiculopathy; status post-surgery to lumbar spine at the L5-S1 level with fusion, on 10-17-2013; and worsening of weakness and numbness of the upper extremities due to postsurgical arachnoiditis of the cervical spine versus peripheral nerve entrapment. Treatment to date has included medications, diagnostics, injections, physical therapy, chiropractic therapy, and surgical intervention. Medications have included Tramadol, Wellbutrin SR, Cyclobenzaprine, Colace, and Omeprazole. A progress report from the treating physician, dated 07-30-2015, documented a follow-up visit with the injured worker. The injured worker reported aggravation of the pain, numbness, and weakness of her bilateral lower extremities and also painful movements of both knees; constant neck, upper and lower back pain that has varied from 6-8 out of 10 on a pain scale of 1-10 without medications; she is getting greater than 60-80% improvement in both her overall pain and ability to function with her current medications, which decrease her pain to 2 out of 10 and allows her to perform activities of daily living with greater ease; she has been getting greater than 50% improvement in her musculoskeletal pain with the trigger point injections for more than 6 weeks at a time; and she has been ambulating with a walker. Objective findings included lumbar and cervical spine ranges of motion were slightly to moderately restricted in all planes; multiple myofascial trigger points and taut bands noted throughout the

cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, as well as in the gluteal musculature; straight leg raise was positive bilaterally; she was unable to perform heel-toe gait and could only ambulate with a walker; and there was weakness of both legs. The treatment plan has included the request for gym membership x 3 months. The original utilization review, dated 09-02-2015, non-certified the request for gym membership x 3 months. The patient sustained the injury due to cumulative trauma. The patient has had history of gastritis due to NSAIDs.

### **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: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Gym memberships.

**Decision rationale:** The injured worker is a 45 year old female, who sustained an industrial injury on 12-04-2008. She has reported injury to the neck and low back. The injured worker is being treated for chronic myofascial pain syndrome, cervical and thoracolumbar spine; cervical radiculopathy; status post-surgery to cervical spine at the C4-5 and C5-6 levels, on 10-12-2012; lumbar radiculopathy; status post-surgery to lumbar spine at the L5-S1 level with fusion, on 10-17-2013; and worsening of weakness and numbness of the upper extremities due to postsurgical arachnoiditis of the cervical spine versus peripheral nerve entrapment. Treatment to date has included medications, diagnostics, injections, physical therapy, chiropractic therapy, and surgical intervention. Medications have included Tramadol, Wellbutrin SR, Cyclobenzaprine, Colace, and Omeprazole. A progress report from the treating physician, dated 07-30-2015, documented a follow-up visit with the injured worker. The injured worker reported aggravation of the pain, numbness, and weakness of her bilateral lower extremities and also painful movements of both knees; constant neck, upper and lower back pain that has varied from 6-8 out of 10 on a pain scale of 1-10 without medications; she is getting greater than 60-80% improvement in both her overall pain and ability to function with her current medications, which decrease her pain to 2 out of 10 and allows her to perform activities of daily living with greater ease; she has been getting greater than 50% improvement in her musculoskeletal pain with the trigger point injections for more than 6 weeks at a time; and she has been ambulating with a walker. Objective findings included lumbar and cervical spine ranges of motion were slightly to moderately restricted in all planes; multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, as well as in the gluteal musculature; straight leg raise was positive bilaterally; she was unable to perform heel-toe gait and could only ambulate with a walker; and there was weakness of both legs. The treatment plan has included the request for gym membership x 3 months. The original utilization review, dated 09-02-2015, non-certified the request for gym membership x 3 months. The patient sustained the injury due to cumulative trauma. The patient has had history of gastritis due to NSAIDs.