

Case Number:	CM15-0188553		
Date Assigned:	10/21/2015	Date of Injury:	08/07/2012
Decision Date:	12/08/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, 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 32-year-old male who sustained an industrial injury on 8-7-12. A review of the medical records indicates he is undergoing treatment for posttraumatic chronic daily headaches: vascular type, chronic myofascial pain syndrome; thoracolumbar spine: moderate to severe, posttraumatic seizure disorder: generalized, moderate to severe bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment at both elbows, chronic sprain injury of bilateral knees, and abnormal MRI of the lumbar spine showing 7 millimeter disc protrusion at the L4-5 level and 5 millimeter disc protrusion at the L5-S1 level. Medical records (4-28-15, 5-12-15, 6-30-15, 8-18-15, and 8-21-15) indicate ongoing complaints of pain and numbness in both hands; upper and lower back pain, bilateral knee pain, and depression. He has rated his pain "5-8 out of 10" without medications and "1-3 out of 10" with medications. He reports that he had a seizure on 7-9-15 (8-18-15). He also reports that his headaches are "less intense with current medications" (8-18-15). On 4-28-15, he reports "severe" difficulty with sleep without medication. On 6-30-15, the record indicates that his sleep difficulty was reduced to "moderate" difficulty. The physical exam (8-18-15) reveals restricted range of motion in the lumbar spine "in all planes." "Multiple" myofascial trigger points and taut bands are noted "throughout the thoracic and lumbar paraspinal muscles, as well as in the gluteal muscles". Range of motion of the bilateral knees is noted to be "slightly decreased in all directions." Sensation to fine touch and pinprick was decreased in all digits of both hands. Grip strength is decreased in both hands. Diagnostic studies have included an MRI of the lumbar spine. Treatment has included trigger point injections of the lumbar spine, a steroid injection in both knees, medications, and stretching

exercises. The treatment recommendations include a request for a gym membership with a swimming pool for daily exercises to "maintain current gains, promote healthy lifestyle, and increase sense of well-being." Deep breathing-type meditation as a relaxation technique is also recommended. The treating provider suggests the use of a meditation CD to aid the injured worker in the process. The utilization review (8-24-15) includes a request for authorization of a 3-month gym membership with pool and a deep breathing-type meditation CD. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-month gym membership with pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic) - Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym membership.

Decision rationale: This is a 31-year-old with a date of injury of 8/7/2012 with multiple chronic pain complaints. The request is for a gym membership with pool for 3 months. Guidelines state that gym memberships are not recommended as a medical therapy unless a home exercise program (HEP) has not been effective and there is a need for specialized equipment. Treatments need to be monitored and administered by a medical professional. There is no indication that the HEP has been evaluated and found to be ineffective and no indication that specialized equipment is necessary. There is also no evidence that the gym membership will be monitored by medical professionals. Therefore, the request is not medically necessary or appropriate.

Deep breathing type meditation CD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The expert reviewer found no guidelines were applicable.

Decision rationale: The request is for a self-instructional Compact Disc for breathing-type mediation. No guidelines could be found for this request. A thorough search of evidence-based guidelines and peer-reviewed medical literature failed to locate any references suggesting self- instructional CDs. A meditation CD is not a recognized medical treatment and is not a biofeedback program and therefore is not medically necessary or appropriate.

