

<b>Case Number:</b>	CM15-0200243		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/03/1992
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 3, 1992. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for a 1-year gym membership, 8 sessions of chiropractic manipulative therapy, and a consultation with a spine specialist. The claims administrator did partially approve 2 sessions of manipulative therapy, it was incidentally noted. The claims administrator referenced a September 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 15, 2015, the applicant reported ongoing complaints of low back pain radiating into the feet. The applicant had received earlier epidural steroid injections, it was reported, which were not successful, the treating provider acknowledged. The attending provider stated that the applicant had done exercises on his own in the past and stated that the same had proven beneficial. The attending provider stated that he was nevertheless intent on pursuing a gym membership on the grounds that the applicant had had the same approved in the past. The applicant had undergone bilateral tarsal tunnel release procedures in 2006, it was reported. The applicant was given a refill of Motrin. Chiropractic manipulative therapy was sought. The applicant was asked to pursue a self-directed gym membership. The applicant exhibited normal lumbar range of motion and a normal gait, normal heel and to ambulation, normal lower extremity motor function. The applicant was asked to consult a pain management physician to consider treatment options for the lumbar spine. The applicant was returned to regular duty work, the treating provider reported. It was not clearly stated how much prior manipulative therapy the applicant had had through the date of the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Year Gym Membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar & Thoracic (Acute & Chronic): Gym memberships (2015).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Gym memberships.

**Decision rationale:** No, the request for a 1-year gym membership was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines both seemingly stipulate that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. ODG's Low Back Chapter Gym Memberships topic also notes that gym memberships are not recommended as a medical prescription unless a documented home exercise program has proven ineffectual and there is a need for specialized equipment. Here, however, the September 15, 2015 office visit seemingly suggested that the applicant was in fact performing self-directed, home-based physical medicine of his own accord without the gym membership at issue. The applicant was apparently working, the treating provider reported on that date, exhibited a normal gait, exhibited normal lumbar spine range of motion, exhibited normal lower extremity motor function. All of the foregoing, taken together, suggested that the applicant was, in fact, capable of performing home exercises of his own accord without the gym membership at issue. There was no mention of any need for specialized equipment on September 15, 2015. Therefore, the request was not medically necessary.

### **8 Chiropractic sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** Similarly, the request for 8 sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines supports 1-2 sessions of manipulative therapy in the event of flare-ups of low back pain in applicants who demonstrate successful return to work status following receipt of earlier manipulative therapy. While the applicant had seemingly returned to regular work here, the 8-session course of chiropractic manipulative therapy represented treatment well in excess of the 1-2 visits suggested in the event of flares of low back pain, per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Consultation with Spine Specialist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination.

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

**Decision rationale:** Finally, the request for a consultation with a spine specialist was medically necessary, medically appropriate, and indicated here. The attending provider indicated on September 15, 2015 that the request in question represented a request for a consultation with a pain management specialist. Page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the presence or persistent complaints, which prove recalcitrant to conservative management, should lead the practitioner to reconsider the operating diagnosis and determine whether specialist evaluation is necessary. Here, the applicant had ongoing, long-standing chronic low back pain complaints present on the date in question, September 15, 2015. Obtaining the added expertise of a spine specialist or pain management physician was, thus, indicated. Therefore, the request was medically necessary.