

Case Number:	CM15-0200813		
Date Assigned:	10/15/2015	Date of Injury:	05/15/2005
Decision Date:	11/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 5-15-2005. The injured worker is undergoing treatment for: lumbar-lumbosacral disc degeneration. On 7-27-15, he reported having a gradual onset aggravation of low back pain radiating into the mid back. On 8-24-15, he reported continued low back pain. Objective findings revealed tenderness and spasm in the thoracic and lumbar spine, decreased lumbar spine range of motion, and intact neurostatus in the lower extremities. The treatment plan included starting a self-directed exercise program and pool therapy. The records do not discuss failure of land based therapy or failure of a home exercise program. The treatment and diagnostic testing to date has included: multiple sessions of physical therapy (December 2014), lumbar surgery (2-19-13), x-rays of the lumbar spine (7-27- 15). Medications have included: not documented. Current work status: not documented. The request for authorization is for: 12 month gym membership with pool access. The UR dated 10- 5-2015: non-certified the request for a 12-month gym membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month Gym Membership with pool access: 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 (updated 09/22/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in February 2014 when, while loading clothes into a compressor, he bent over and, as he straightened up, he hit the top of his head against the metal door. There was no loss of consciousness. In December 2014, he was seen for a comprehensive neuropsychological evaluation. He was seen by the requesting provider for an initial neurological examination on 08/19/15. He was having headaches, cranial cervical stiffness and pain, occasional blurred vision, right shoulder pain, and frequent episodes of positional vertigo. He was having radiating symptoms into the right upper extremity. He reported difficulty with memory and thinking. He was having difficulty sleeping. There was a detailed neurological examination. He had decreased attention. He had decreased right-sided face sensation. He had decreased right torso sensation and decreased right upper extremity sensation. Romberg testing was positive. There was cervical and right shoulder and wrist tenderness. Straight leg raising was to 60 bilaterally. Additional testing was ordered. There was consideration of an occipital/block. Flexeril and naproxen were prescribed. A re-examination was scheduled for six weeks. Preoperative lab tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. In this case, the procedure being planned is not specified and the reason for the testing is not given. The request cannot be accepted as being medically necessary. Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. There are no identified issues of abuse or addiction. Urine drug screening is not considered medically necessary. Opioids, criteria for use, p76-80, for concussion/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. In this case, the claimant had a comprehensive neuropsychological evaluation in December 2014. There is no new injury and no specific test is to be requested. It is not medically necessary. The claimant has a remote history of a work injury occurring in May 2005 and underwent a multilevel lumbar fusion in February 2013. In November 2014 a home exercise, core strengthening, and trunk stabilization program was recommended. In December 2014 there had been completion of eight physical therapy treatment sessions. In July 2015 he had a gradual aggravation of his low back and he was having pain ascending into the mid back. Physical examination findings included decreased lumbar range of motion. There was lower thoracic and bilateral lumbar tenderness with spasms. Physical therapy two times per week for 4-6 weeks was requested. When seen, the additional therapy had been denied. Physical examination findings were unchanged. Authorization for a self-directed exercise program as

well as pool therapy for core strengthening and trunk stabilization was recommended and authorization for a 12 month gym membership with pool access was requested. A gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program, need for specialized equipment, or failure of a home exercise program. The additional physical therapy had been denied as the number of treatments requested was in excess of what would be expected to revise or re-establish the claimant's home exercise program. The requested gym membership was not medically necessary.