

Case Number:	CM15-0029245		
Date Assigned:	02/23/2015	Date of Injury:	10/27/2004
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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 47 year old male, who sustained an industrial injury on 10/27/2004, due to cumulative back trauma from lifting heavy items. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included surgical (lumbar fusion-date not specified) and conservative measures. Currently, the injured worker complains of moderate low back pain, with radiation to bilateral ankles, bilateral arms, bilateral calves, bilateral feet, and bilateral thighs. Pain without medications was rated 10/10 and 6/10 with medications. Hardware removal approval was pending. Medications included Norco, Viagra, Thermacare, Lyrica, Icy Hot cream, and Flector patch. Lower extremity strength was normal. Lumbar exam noted a normal gait, tenderness, and decreased range of motion. Lower extremity neurovascular exam was within normal limits. Radiographic imaging reports were not noted. On 1/30/2015 Utilization Review non-certified a request for massage therapy (evaluation and treat x12 sessions), noting the lack of compliance with MTUS Guidelines, and non-certified a request for gym membership x12 months, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy evaluate and treat x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 60, Massage therapy Page(s): 60.

Decision rationale: The requested Massage therapy evaluate and treat x 12 sessions, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The injured worker has moderate low back pain, with radiation to bilateral ankles, bilateral arms, bilateral calves, bilateral feet, and bilateral thighs. The treating physician has documented a normal gait, tenderness, and decreased range of motion. Lower extremity neurovascular exam was within normal limits. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other program involving aerobic and strengthening exercise. The criteria noted above not having been met, Massage therapy evaluate and treat x 12 sessions is not medically necessary.

Gym membership x 12 months: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

Decision rationale: The requested Gym membership x 12 months, is not medically necessary. 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, are 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. ODG 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. Plus, 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 moderate low back pain, with radiation to bilateral ankles, bilateral arms, bilateral calves, bilateral feet, and bilateral thighs. The treating physician has documented a normal gait, tenderness, and decreased range of motion. Lower extremity neurovascular exam was within

normal limits. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The criteria noted above not having been met, Gym membership x 12 months is not medically necessary.