

<b>Case Number:</b>	CM15-0217038		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	04/29/2015
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 29 -year-old male who sustained an industrial injury on 4-29-2015 and has been treated for low back pain. Diagnostic x-rays from 5-2015 showed "normal alignment and normal disc space height." MRI also from 5-2015 revealed "mild-to-moderate" left L5-S1 paracentral disc protrusion with mild deflection of the traversing SI nerve root, mild-to-moderate left neuroforaminal stenosis without nerve root impingement, and mild right-sided neuroforaminal stenosis. On 10-29-2015 the injured worker reported low back pain and stiffness with occasional numbness in the left buttock, thigh, and leg, usually while sitting. Objective findings include mild low back pain with thoracolumbar range of motion. Motor and sensory examination was noted as "normal," and the physician stated "improving pain and mobility." Documented treatment includes NSAIDS and physical therapy where the injured worker states he saw "significant" improvement with a Pilates and extended gym membership he had received through the physical therapist. The treating physician recommended that the injured worker continue to gradually increase his activity level and the plan of care includes an extension of three more months of gym membership including Pilates once a week for six weeks. This was denied on 11-2-2015. The injured worker is working full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pilates sessions (x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG Yoga/Pilates.

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous therapy including milestones of increased ROM, strength, and functional capacity. Submitted medical report has no documentation of new acute injury or flare-up to support the formal therapy for Pilates and core muscle strengthening as the patient should continue the previously instructed independent home exercise program. There are no documented neurological deficits, change in medical condition, acute flare, new injury nor is there any ADL limitations to support for ongoing treatment. Functional improvement criteria including pain relief, decreased medication need and decreased in frequency of medical treatment reliance for self-care and pain management utilization are not demonstrated. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal Pilates therapy has not been established. The Pilates sessions (x6) are not medically necessary and appropriate.

**Gym memberships (x3 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004. Decision based on Non-MTUS Citation <http://www.odg-twc.com>.

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

**Decision rationale:** It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises

that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Submitted reports have not demonstrated indication or necessity beyond guidelines criteria. The Gym memberships (x3 months) is not medically necessary and appropriate.