

<b>Case Number:</b>	CM15-0221585		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 (n) 67 year old male, who sustained an industrial injury on 2-4-08. The injured worker was diagnosed as having lumbar intervertebral disc degeneration, cervical disc degeneration and cervical spine stenosis. Subjective findings (6-17-15, 8-26-15) indicated neck and low back pain. Objective findings (6-17-15, 8-26-15) revealed spasms and guarding in the lumbar spine. As of the PR2 dated 10-21-15, the injured worker reports neck and low back pain. He indicated worsening back pain after completing chiropractic and aquatic therapy and has paid out-of pocket to continue chiropractic treatments. He rates his pain 5 out of 10 with medications and 8-9 out of 10 without medications. Objective findings include spasms and guarding in the lumbar spine. Treatment to date has included aquatic therapy x at least 6 sessions, chiropractic treatments x at least 4 sessions and Methadone. The Utilization Review dated 11-4-15, non-certified the request for chiropractic treatments x 6 sessions and a gym membership with pool access x 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines: Chiropractic Guidelines - Cervical strain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic treatment, six sessions are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are other intervertebral disc degeneration lumbar region; other cervical disc degeneration, unspecified cervical region; and spinal stenosis cervical region. Date of injury is February 4, 2008. Request for authorization is November 2, 2015. According to an October 21, 2015 progress note, the injured worker has ongoing neck and low back pain. The injured worker completed chiropractic treatment and aquatic therapy. Symptoms have worsened since discontinuing chiropractic treatment. Medications include methadone and the pain score is 5/10. The injured worker was engaged in a home exercise program learned during aquatic therapy. Objectively, there is lumbar spasm and guarding. The remainder of the physical examination was unremarkable. The total number of chiropractic treatments is not specified in the medical record. There is no documentation demonstrating objective functional improvement from prior power project. There are no compelling clinical facts indicating additional chiropractic treatment is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, worsening of symptoms after completing chiropractic treatment and no documentation demonstrating objective functional improvement from prior chiropractic, chiropractic treatment, six sessions are not medically necessary.

**Gym membership with pool access, 6 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 Official Disability Guidelines: Physical therapy (PT) & Exercise.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, gym membership pool access six months is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment, revision has not been effective, and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are other intervertebral disc degeneration lumbar region; other cervical disc degeneration, unspecified cervical region; and spinal stenosis cervical region. Date of injury is February 4, 2008. Request for authorization is November 2, 2015. According to an October 21, 2015 progress note, the injured worker has ongoing neck and low back pain. The injured worker completed chiropractic treatment and aquatic therapy. Symptoms have worsened since discontinuing chiropractic treatment. Medications include methadone and the pain score is 5/10. The injured worker was engaged in a home exercise program learned during aquatic therapy. Objectively, there is lumbar spasm and guarding. The remainder of the physical examination was unremarkable. The injured worker is familiar with the home exercises learned during aquatic therapy and would like a gym membership to carry out these activities. Gym memberships would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guidelines non-recommendations for gym memberships, gym membership pool access six months is not medically necessary.