

Case Number:	CM15-0034134		
Date Assigned:	02/27/2015	Date of Injury:	04/11/2014
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 injured worker is a 40 year old male, who sustained an industrial injury on 04/11/2014. He has reported sustaining an injury to the lower back after he fell off of a ladder while performing his work duties. Diagnoses include lumbago, sciatica, lumbar radiculitis, herniated disc to the lumbar spine, herniated disc to the lumbosacral spine, disc degeneration to the lumbar spine, and disc disorder with myelopathy to the lumbar spine. Treatment to date has included physiotherapy, chiropractic care, acupuncture, magnetic resonance imaging of the lumbar spine, and medication regimen. In a progress note dated 11/24/2014 the treating provider reports complaints of dull to sharp pain to the lower back that radiates to the left leg with associated symptoms of numbness and weakness. The treating physician requested a two year gym membership and yoga and Pilates noting the gym membership to increase strength and the yoga and Pilates for stretching. On 01/27/2015 Utilization Review non-certified the requested treatments of two year gym membership for aquatic and land exercises, aerobics, weight training and requested yoga and Pilates for stretching, noting the Official Disability Guidelines, Low Back (updated 01/14/2015), Gym Memberships.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two year Gym membership for aquatic and land exercises, aerobics, weight training, yoga and pilates for stretching: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Low Back), Gym Membership, Yoga.

Decision rationale: Recommended as an option only for select, highly motivated patients. There is some evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic low back pain. Also, the impact on depression and disability could be considered as important outcomes for further study. Since outcomes from this therapy are very dependent on the highly motivated patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. (Astin, 2003) 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. 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. A private gym membership is not considered to be medical treatment. Exercise at the gym is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional. Gym membership for aquatic and land exercises, aerobics, weight training, yoga and pilates for stretching is not medically necessary.