

Case Number:	CM15-0040806		
Date Assigned:	03/11/2015	Date of Injury:	03/06/1991
Decision Date:	04/15/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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, 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 69-year-old male, who sustained an industrial injury on March 6, 1991. The injured worker had reported a low back injury. The diagnoses have included failed back syndrome and status post spinal cord stimulator placement. Treatment to date has included medications, topical analgesics, intramuscular injection, a lumbar laminectomy and a lumbar laminotomy. Current documentation dated February 4, 2015, notes that the injured worker complained of low back pain with radiation to the bilateral lower extremities. The pain was rated at a nine out of ten on the Visual Analogue Scale with medications. Physical examination of the lumbar spine revealed pain and loss of normal lordosis. Range of motion was restricted and lumbar facet loading and straight leg raise tests were positive. The treating physician's recommended plan of care included a request for a personal trainer at his current gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

Personal trainer for 6 sessions at current gym: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for personal trainer sessions, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are 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. 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 a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision or that the physician is overseeing the gym exercise program. As there is no indication for a gym membership, there is no indication for personal training sessions at a gym. In light of the above issues, the currently requested personal trainer sessions are not medically necessary.