

<b>Case Number:</b>	CM15-0056736		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 46 year old female, who sustained an industrial injury on 2/24/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as having failed back surgery, moderate depression and anxiety and low back pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/17/2015, the injured worker complains of low back pain that was constant, stabbing and aching with muscle spasm and pain that radiated down the bilateral lower extremities. The treating physician is requesting 18 sessions of acupuncture and gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (18 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** Based on the 02/17/15 progress report provided by treating physician, the patient presents with back pain rated 6/10 that radiates down both legs. The request is for ACUPUNCTURE (18 SESSIONS). Patient is status post lumbar spine decompression 06/23/14. Patient's diagnosis per Request for Authorization form dated 03/09/15 includes low back pain. Patient's medications include Tizanidine, Nortriptyline and Cyclobenzaprine. Patient states improvement with acupuncture "as this giving her substantial improvement and function as well as a course of physical therapy," per treater report dated 01/13/15. Per acupuncture notes dated 12/20/14-01/17/15, patient attended 4 sessions. Patient is working full duty with restrictions, per treater report dated 01/13/15. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Patient states improvement with acupuncture "as this giving her substantial improvement and function as well as a course of physical therapy," per treater report dated 01/13/15. Per acupuncture notes dated 12/20/14-01/17/15, patient attended 4 sessions. Given that patient is working, and treater reported functional improvement, continued acupuncture treatments would be indicated by MTUS. However, the request for 18 additional sessions appears excessive. Therefore, the request IS NOT medically necessary.

**Gym Membership, 3 times weekly, for back:** 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 chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back (Lumbar & Thoracic) Chapter, under Gym memberships.

**Decision rationale:** Based on the 02/17/15 progress report provided by treating physician, the patient presents with back pain rated 6/10 that radiates down both legs. The request is for GYM MEMBERSHIP, 3 TIMES WEEKLY, FOR BACK. Patient is status post lumbar spine decompression 06/23/14. Patient's diagnosis per Request for Authorization form dated 03/09/15 includes low back pain. Patient's medications include Tizanidine, Nortriptyline and Cyclobenzaprine. Patient states improvement with acupuncture "as this giving her substantial improvement and function as well as a course of physical therapy," per treater report dated 01/13/15. Per acupuncture notes dated 12/20/14-01/17/15, patient attended 4 sessions. Patient is working full duty with restrictions, per treater report dated 01/13/15. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, Low Back (Lumbar & Thoracic) Chapter, under Gym memberships states: "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." ODG further states treatment must be monitored by medical professionals. Treater has not provided reason for the request. ODG

Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective; and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. Furthermore, ODG generally does not support pool/gym memberships as medical treatments. There is no documentation of specific objective and subjective outcomes with regards to gym membership, either. Moreover, treater mentioned frequency, but duration of membership has not been indicated in the request. Therefore, the request IS NOT medically necessary.