

Case Number:	CM15-0082784		
Date Assigned:	05/05/2015	Date of Injury:	06/09/2008
Decision Date:	06/03/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/30/2015

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: Emergency 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 30 year old male who sustained an industrial injury on 6/9/2008. His diagnoses, and/or impressions, are noted to include: chronic low back pain with lumbar burst fracture and status-post fusion with cage placement; spinal cord injury with lumbar myelopathy; traumatic brain injury secondary to initial injury with cognitive deficits, memory deficits and mild personality changes; gluteal weakness and piriformis syndrome; lumbar scarring per magnetic resonance imaging; chronic pain; testosterone insufficiency likely related to chronic opioid use and with erectile dysfunction; depression with anxiety and social withdrawal, improving; right foot fracture with surgery; and bilateral knee pain. No current imaging studies or electrodiagnostic studies are noted. His treatments have included home care services; additional physical therapy with neuro-muscular re-education and balance training; tapering down of opioids for pain; and rest from work. The progress notes of 3/19/2015 noted a follow-up visit with complaints that included radiating low back pain into the right leg, gluteal and proximal leg weakness; right lumbar, leg and quadratus muscle spasms; and traumatic brain injury. It is noted he was doing ok since his previous visit on 2/11/2015, but reported continued poor sleep due to the chronic pain in his back and because of his mattress; and that he was a little better after a repeat physical therapy/re-training session. The physician's requests for treatments were noted to include a Tempurpedic, or equivalent, mattress for his chronic back pain and sleep issues, and services of a fitness trainer for decreased pain as he decreases his opioid use, as well as for proper gait and posture retraining because of his brain injury and his desire to return to the work force.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temperpedic mattress or equivalent: 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, Acute & Chronic, Mattress Selection.

Decision rationale: The requested Temperpedic mattress or equivalent, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Low Back, Acute & Chronic, Mattress Selection, noted is "Not recommended to use firmness as sole criteria." The injured worker has radiating low back pain into the right leg, gluteal and proximal leg weakness; right lumbar, leg and quadratus muscle spasms; and traumatic brain injury. It is noted he was doing ok since his previous visit on 2/11/2015, but reported continued poor sleep due to the chronic pain in his back and because of his mattress; and that he was a little better after a repeat physical therapy/re-training session. Based on these negative guideline recommendations and a lack of documented, detailed medical indication for this DME and the lack of provided nationally, recognized, evidence-based, peer-reviewed medical literature in support of this DME as an outlier to referenced guidelines, the medical necessity for this request has not been established. The criteria noted above not having been met, Temperpedic mattress or equivalent is not medically necessary.

Fitness trainer for 3 hours per week x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic(Acute & Chronic), Gym Memberships.

Decision rationale: The requested Fitness trainer for 3 hours per week x 8 weeks, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program 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. 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." The injured worker has radiating low back pain into the right leg, gluteal and proximal leg weakness; right lumbar, leg and quadratus muscle spasms; and traumatic brain injury. It is noted he was doing ok since his previous visit on 2/11/2015, but reported continued poor sleep due to the chronic pain in his back and because of his mattress; and that he was a little better after a repeat physical therapy/re-training session. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a fitness trainer. The treating physician has not documented monitored attendance nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Fitness trainer for 3 hours per week x 8 weeks is not medically necessary.