

Case Number:	CM15-0083600		
Date Assigned:	05/05/2015	Date of Injury:	10/06/2009
Decision Date:	06/04/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/01/2015

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 60 year old female, who sustained an industrial injury on 10/06/2009. She has reported injury to the low back. The diagnoses have included lumbar sprain and strain; post-laminectomy syndrome lumbar spine. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, surgical intervention, aquatic therapy, and home exercise program. Medications have included Ibuprofen, Protonix, and Ranitidine. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the low back, worse on the right side, radiating down the legs; and pain is rated at 8/10 on the visual analog scale. Objective findings included diffuse tenderness of the low back and decreased range of motion. The treatment plan has included the request for six-month [REDACTED] membership; and home traction device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six month [REDACTED] membership: 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 Exercise, Pages 46-47.

Decision rationale: It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The Six month [REDACTED] membership is not medically necessary and appropriate.

Home traction device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, Low Back Complaints, Traction, page 300.

Decision rationale: Treatment Guidelines for the Low Back, traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. The Lumbar Traction is not medically necessary and appropriate.