

Case Number:	CM15-0084672		
Date Assigned:	05/06/2015	Date of Injury:	11/18/2011
Decision Date:	06/05/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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 59 year old male patient who sustained an industrial injury on 11/18/2011. A follow up visit dated 03/21/2015 reported the patient with subjective complaint of having less intense headaches with use of the current medications. He has been having frequent neck pain as well as constant upper/lower back pain. He reports the pain and numbness to bilateral legs has significantly improved following the second steroid injection. The Prilosec has been helping to alleviate gastric complaints. He also states receiving greater than 60-80 % Improvement in the overall pain with present medications. Objective findings showed slightly restricted cervical and thoracic range of motion in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical, paravertebral, trapezius, levator scapular, scalene, and infraspinatus musculature. The assessment noted mild bilateral radiculopathy at C5-6; moderate right carpal tunnel syndrome; moderate left L5 radiculopathy, and mild right L4-5 radiculopathy; chronic daily headaches with cognitive dysfunction, most likely due to toxic encephalopathy; disc bulges at L3-4, L4-5, and chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate to severe. The plan of care involved: continuing with medications Omeprazole, Wellbutrin, and Tramadol. A gym membership is also recommended and he will follow up in 6 weeks. Back on 12/16/2014 the patient had subjective complaint of having frequent moderate headaches as well as constant neck pain. He is still with upper/lower back pain. He is diagnosed with mild bilateral C5-6 radiculopathy; moderate right carpal tunnel syndrome; moderate left L5 radiculopathy, and mild right L4-5 radiculopathy; chronic daily headaches with cognitive dysfunction, most likely due to toxic encephalopathy;

disc bulges at L3-4, and L4-5, and chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate to severe. He is scheduled to undergo a lumbar steroid epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership times three months - Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Gym membership times three months - Low Back is not medically necessary and appropriate.