

<b>Case Number:</b>	CM14-0116751		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/17/2000
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female claimant sustained a work injury on 5/14/2000 involving the low back. She was diagnosed with lumbar radiculopathy and underwent L5-S1 nucleoplasty. A progress note on 1/16/14 indicated the claimant had continued back and buttock pain. She had been on oral analgesics including opioids. She had a tempur-pedic mattress which was 10 years old and requested another mattress. She had previously performed aqua therapy and requested a membership to the [REDACTED] to resume a home exercise program. Physical findings were unremarkable. However, she did have frequent awakening at night and anxiety. The treating physician continued her pain medications and requested authorization for a gym membership, cognitive behavioral therapy and twin Tempur-pedic mattresses. A progress note on 8/6/14 indicated the claimant had completed 4 sessions of CNT and continues to have anxiety and back depression in the sever range. The treating physician subsequently requested 8 additional sessions of CBT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 Months of Gym Membership Use of Pool: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gym Membership Page(s): 26.

**Decision rationale:** According to the ACOEM guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In this case, there is no indication that the claimant lacks the ability to perform exercise at home or that there is a need for supervised therapy. The request for 3 Months of Gym Membership Use of Pool is not medically necessary.

#### **6 Cognitive Behavioral Therapy (CBT): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CBT/Multidisciplinary Programs Page(s): 30-33.

**Decision rationale:** According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Psychological distress, prevalent opioid use and high pre-treatment pain levels are negative predictors of completion of a multi-disciplinary program including CBT. The claimant had been on opioids, had anxiety and high level of pain. There was no indication that a baseline functional testing was performed to necessitate CBT. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, there was no documentation of objective gain. As a result, the additional CBT requested is not medically necessary.

**Twin Tempur-Pedic Mattress Replacement: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain and Mattresses

**Decision rationale:** According to the ODG guidelines, mattress selection is not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. There is no evidence that the claimant would fail on another type of mattress. The request for a Tempur-pedic is not medically necessary.