

Case Number:	CM14-0133287		
Date Assigned:	08/22/2014	Date of Injury:	02/12/2013
Decision Date:	09/25/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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 35- year old animal control officer reported progressive neck pain due to repetitive trauma from her job duties on 2/12/13. Treatment has included medications, physical therapy, chiropractic treatment, facet blocks, an epidural block, cervical traction, and psychotherapy. An orthopedist has recommended neck surgery which has been authorized but not yet performed, in part because the patient has been pregnant since late February of 2013. A 4/5/14 neurosurgery consultation was done for a second opinion on surgery. The neurosurgeon noted that the patient has constant neck pain at a level of 4-8/10. 2-3 times per day she has pain radiation to her L arm, forearm and hand to the small finger, with tingling. When the pain is very severe she gets R upper extremity symptoms to the R thumb. The neurosurgeon documented decreased neck range of motion and a neurological exam that was normal except for slight decrease of sensation in the left C5, C7 and T1 distributions. Motor strength was specifically documented as normal. The neurosurgeon stated that the patient's clinical findings do not correlate with her MRI findings (a small disc protrusion at C3-4) or with her negative neurodiagnostic testing. He felt strongly that surgery should not be performed unless there are significant changes noted on an MRI which should be performed after the patient completes her pregnancy. The patient's primary treater first requested 6 sessions with a personal trainer on 4/17/14. The progress note from that date documents that the patient's pain level was at 8/10. She was taking acetaminophen only for pain, due to her pregnancy. Her exam was notable for neck tenderness and spasm, with decreased range of motion. She had diffuse mild motor weakness of the upper extremity, and decreased sensation on the left in a C5-6 distribution. The primary treater stated that the patient already belongs to a gym and has identified personal trainers who specialize in working with chronic injuries. She is interested in strengthening and exercising to help minimize her current neck and shoulder pain. Her work status remained modified. There are subsequent

notes from the primary treater dated 6/5/14 and 7/24/14 with essentially the same findings documented. He states that the request for 6 sessions with a personal trainer is pending in both notes. He states that the patient's work status is modified in both notes. Per the neurosurgeon's 4/5/14 consultaion, the patient has not worked since April 2013. A request for authorization of the personal trainer sessions was received in UR on 7/29/14 and non-certified on 8/11/14. A request for IMR was generated on 8/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions with a Personal Trainer: 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 Functional Improvement, ; Exercise ;Physical Medicine Page(s): 9;47;98-99.

Decision rationale: Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination. Per the second reference, there is strong evidence that exercise programs are superior to programs which do not include exercise, but there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Exercise programs should emphasize education, independence and the importance of an ongoing exercise regimen. The third reference states that for myalgia and myositis, 9-10 PT visits are recommended over 8 weeks. For neuritis and radiculitis, 8-10 visits are recommended over 4 weeks. This patient has already had 24 PT sessions, which exceeds the recommended number of therapy visits for any of her diagnoses. She has also had chiropractic treatment. There is no evidence that exercise supervised by a physical trainer is more likely to result in improvement than that which she has done and continues to do. A physical trainer is not required to be licensed in any way in California, and may or may not have appropriate medical knowledge. This patient has already received exercise instruction from a licensed physical therapist, and has been instructed in home exercise. If this patient were to be supervised by a physical trainer, she would be taking a step backwards in terms of independence, and the instruction she received might not be medically appropriate. In addition, there is no documentation of specific pain and functional goals for this intervention. Based on the evidence-based references cited above and the clinical findings in this case, 6 sessions with a personal trainer are not medically necessary for this patient. 6 sessions with a personal trainer are not medically necessary due to the lack of evidence that they are likely to be more effective than the therapy she has already done and the exercise program she continues to do, and on the lack of documentation regarding specific functional and pain goals for this request.