

<b>Case Number:</b>	CM14-0163625		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/22/2003
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Physical Medicine & Rehabilitation 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 patient sustained a work-related injury on 10/22/2003. Requests under consideration include a home lumbar spine traction unit and a gym membership with pool access. Diagnoses include lumbar sprain with bilateral lower extremity radiculopathy; lumbar disc displacement/spondylolisthesis. There was recent certification for 8 aquatic therapy sessions on 7/10/14 along with certification of 6 chiropractic treatments on 7/22/14. Report of 8/28/14 from the provider noted the patient with ongoing chronic low back pain improved from aquatic and chiropractic therapy. Exam showed unchanged lumbar spine with diffuse tenderness, mild spasm, and increased pain on extension range. The request for a home lumbar spine traction unit was modified for 30-day trial, and the request for a gym membership with pool access was non-certified on 9/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home lumbar spine traction unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Traction

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

**Decision rationale:** According to the 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. Per ODG, patients with low back conditions are not recommended to use powered traction devices, but home-based, patient-controlled, gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. 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 for or functional improvement from the lumbar traction trial treatment already rendered. The home lumbar spine traction unit is not medically necessary and appropriate.

**Gym membership with pool access:** 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 Chapter, Gym Memberships

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** 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 as opposed to resistive therabands to perform isometrics and eccentric exercises at home. 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 the body's own 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. Pool therapy does not seem appropriate, as the patient has received land-based Physical therapy. There are no records indicating intolerance of treatment or that the injured worker is incapable of making the same gains with a land-based program, nor is there any medical diagnosis or indication to require aqua therapy at this time. The patient is not status post recent lumbar or knee surgery, nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. The patient has completed formal sessions of physical therapy (PT) and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new, acute injuries that would require a change

in the functional restoration program. There is no report of acute flare-up, and the patient has been instructed on a home exercise program for this chronic 2003 injury. The gym membership with pool access is not medically necessary and appropriate.