MAXIMUS Federal Services

Case Number:	CM14-0176617		
Date Assigned:	10/29/2014	Date of Injury:	02/14/2012
Decision Date:	12/05/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 42 year-old female with the date of injury of 02/14/2012. The patient presents with pain in her lower back. EMG/NCS on 07/26/2013 shows no electrodiagnostic evidence of bilateral lumbosacral radiculopathy or lumbosacral plexopathy peripheral neuropathy or any other bilateral lower limb nerve problem. The patient's gait is normal. The range of lumbar spine is limited. His lumbar flexion is 90 degrees, extension is 18 degrees and lateral bending is 20 degrees. There is palpation over paravertebral muscles. Lumbar facet lading is positive on both sides, but straight leg raise is negative. According to [redacted] report on 09/18/2014, diagnostic impressions are;1) Spinal stenosis lumbar2) Spinal/ Lumbar DDD (degenerative disc disease)The utilization review determination being challenged is dated on 09/15/2014. [redacted] is the requesting provider, and he provided treatment reports from 03/04/2014 to 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits with a personal trainer: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: No guidelines found

Decision rationale: The patient presents with pain and weakness in her slower back. The request is for 6 visits with a personal trainer. MTUS, ODG, and ACOEM are silent regarding a personal trainer, unspecified duration. The treater has asked for a personal trainer but does not explain why a personal trainer is being requested at this time, why exercise can only be performed with a trainer, what special needs there are for a personal trainer and how the patient is being supervised during exercise. MTUS, ACOEM and ODG guidelines are silent regarding a personal trainer. In this case, there are no guidelines supporting a personal trainer. Request is not medically necessary..

Gym membership with a reputable facility with appropriate aquatic therapy facilities for up to 12months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, gym memberships

Decision rationale: The patient presents with pain and weakness in her slower back. The request is for gym membership with a reputable facility with appropriate aquatic therapy facilities for up to 12 months. The treater has asked for gym membership but does not explain why gym membership is being requested at this time, why exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is being supervised during exercise. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines do not recommend it as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In this case, there are no such discussion regarding special equipment need, why the patient is unable to exercise at home and how medical supervision will be provided. Request is not medically necessary.