

Case Number:	CM15-0016094		
Date Assigned:	02/04/2015	Date of Injury:	11/27/1984
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/28/2015

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 61 year old male, who sustained an industrial injury on 11/27/1984. He has reported subsequent back pain and was diagnosed with sacroilitis, pseudoarthrosis, spinal stenosis and failed back syndrome. Treatment to date has included oral and topical pain medication and acupuncture. In a progress note dated 12/30/2014, the injured worker complained of increasing pain, spasm and discomfort of the low back. Objective physical examination findings were notable for moderate spasm of the lumbar spine and positive straight leg raise. The physician noted that the injured worker had dramatic relief of pain in the past with a combination of gym membership and acupuncture. A request for authorization of a one year gym membership and 6 sessions of acupuncture was made. On 01/08/2015, Utilization Review non-certified requests for gym membership for one year and acupuncture once a week x 6 weeks, noting that there is limited evidence of muscle weakness or deconditioning to support a gym membership and that there was limited information regarding the number of previous acupuncture sessions completed and of significant progression of symptoms to support the need for acupuncture. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Gym memberships

Decision rationale: Based on the 12/30/14 progress report provided by treating physician, the patient ambulates with a cane and presents with low back pain. The request is for GYM MEMBERSHIP FOR ONE YEAR. Patient's diagnosis per Request for Authorization form dated 12/31/14 included failed back syndrome. Patient medications include Anaprox and Dendracin lotion. The patient has permanent work restrictions. MTUS and ACOEM guidelines are silent regarding gym membership. ODG, Knee & Leg Chapter, Gym memberships, states, Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. Per progress report dated 12/30/14, treater states that patient "had dramatic relief of pain in the past with a combination of gym membership and acupuncture." Treater states that patient's pain is rated 7-8/10, which drops to 3/10 with gym membership and acupuncture. However, there is no documentation of specific need for a special equipment and why the patient is unable to do the necessary exercises at home. MTUS does not support gym memberships unless there is a need for a special equipment to perform necessary exercises and adequate supervision/monitoring is provided. Therefore, the request IS NOT medically necessary.

Acupuncture once a week times 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 12/30/14 progress report provided by treating physician, the patient ambulates with a cane and presents with low back pain. The request is for ACUPUNCTURE ONCE A WEEK TIMES 6 WEEKS. Patient's diagnosis per Request for Authorization form dated 12/31/14 included failed back syndrome. Patient medications include Anaprox and Dendracin lotion. The patient has permanent work restrictions. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 12/30/14, treater states that patient "had dramatic relief of pain in the past with a combination of gym membership and acupuncture." Treater states that patient's pain is rated 7-8/10, which drops to 3/10 with gym membership and acupuncture. The request for 6 more sessions would appear reasonable given

the patient's improvement. MTUS allows up to 2 months of acupuncture and more if functional improvement is documented. The request IS medically necessary.