

<b>Case Number:</b>	CM15-0119013		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 22, 2013. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve requests for a mattress and a 13-week trial of a health club membership with pool access. The applicant's attorney subsequently appealed. On June 18, 2015, the applicant reported ongoing complaints of low back pain. The applicant reportedly aggravated his low back pain while stepping off of a curb. The applicant was recently seen in the Emergency Department and given Dilaudid and Valium, it was reported. The applicant was also receiving post-procedure medications from a dentist, it was reported. The applicant's medication list included Neurontin, BuTrans, Lidoderm, Flexeril, and Prozac, it was reported. BuTrans was endorsed toward the bottom of the report. The attending provider noted that urine drug testing of May 7, 2015 was positive for marijuana. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On June 8, 2015, the attending provider apparently the previously denied the gym membership and mattress. The attending provider posited that buprenorphine and Flexeril were beneficial. Neurontin, Flexeril, buprenorphine, and Lidoderm patches were again renewed. The applicant was described as exhibiting a normal lower extremity motor function without any gait abnormalities appreciated. Once again, the applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. On May 11, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant stated that the

applicant had completed a functional restoration program. The attending provider stated that the applicant had been using a gym until a recent flare of pain. Permanent work restrictions were renewed. Once again, it was not clearly stated whether the applicant was or was not working with said limitations in place. The applicant's gait was not seemingly characterized on this date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Purchase of Mattress: 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pages 861 and 862.

**Decision rationale:** No, the request for a purchase of a mattress was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of mattresses. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds or other commercial sleep products such as the mattress in question are not recommended in the treatment of chronic pain syndrome as there is no evidence that any specific commercial products will be successful in preventing or treating low back pain, as was/is present here. The attending provider failed to furnish a clear or compelling rationale for provision of the mattress in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

#### **Trial of 13-week health club 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), Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Gym memberships.

**Decision rationale:** Similarly, the request for a 13-week health club membership with associated pool access was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed and/or are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 also stipulates that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise

regimens. Both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Guidelines, thus, seemingly take the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight-bearing is desirable, here, however, it was not clear that reduced weight-bearing was, in fact, desirable. The attending provider reported on June 8, 2015 that the applicant exhibited normal bilateral lower extremity motor function and muscle tone. The applicant exhibited a normal gait and station on that date, it was further noted, effectively arguing against the need for pool access. ODGs Low Back Chapter Gym Memberships topic also notes that gym memberships are not recommended as a medical prescription unless home exercise program has proven ineffectual and there is a need for specialized equipment. Here, as noted above, a clear need for the pool access at issue was not established or set forth by the treating provider. There was no mention of the applicant's having failed home exercises without the gym membership in question. The request, thus, as written, was at odds with MTUS, ACOEM, and ODG principles and parameters. Therefore, the request was not medically necessary..