

Case Number:	CM15-0027594		
Date Assigned:	02/19/2015	Date of Injury:	03/27/2012
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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 47 year old male, who sustained an industrial injury on 3/27/12. On 2/13/15, the injured worker submitted an application for IMR for review of a 12 month gym membership, and Lumbar Support Brace. The treating provider has reported the injured worker complained of chronic low back pain. The diagnoses have included degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with psychological general medical condition, and insomnia. Treatment to date has included Functional Restoration Program, physical therapy, urine drug screening for medication management, lumbar back brace and medications. On 2/4/15 Utilization Review non-certified a 12 month gym membership, and Lumbar Support Brace. The MTUS, ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Per the 12/02/14 report the patient presents with chronic lower back pain due to degenerative spondylosis of the lumbar spine along with increasing spasm in the lower back region. The current request is for 12 MONTH GYM MEMBERSHIP. The RFA included is dated 07/27/14; however the 02/04/15 utilization review states the RFA was first received 01/27/15. The patient is working full duty. ODG guidelines Low Back Lumbar & Thoracic Chapter, Gym memberships topic, state they are, "Not recommended 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." ODG further states treatment must be monitored by medical professionals. The most recent report provided is dated 12/02/14 and states the patient is eager to return to the gym for cardiovascular training. The treater states it is feared that without access to gym equipment functional gains made at HELP will be lost. The patient is noted to be transitioning from physical therapy to a long-term daily exercise program that includes stretching and strengthening. This report states a 3 month membership could be started with a full 12 month membership to be provided after checking patient usage of at least 3 times a week. However, this request is for 12 months membership. In this case, the reports provided do not document a failed home exercise program or explain why gym equipment is necessary for the exercises and cardio conditioning the treater states are necessary. Furthermore, ODG guidelines do not recommend gym memberships and it is not explained how the patient is to be monitored by a medical professional. The request IS NOT medically necessary.

Lumbar support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Chapter, lumbar supports.

Decision rationale: Per the 12/02/14 report the patient presents with chronic lower back pain due to degenerative spondylosis of the lumbar spine along with increasing spasm in the lower back region. The current request is for LUMBAR SUPPORT BRACE per the 12/02/14 report. The RFA is not included. The 02/04/15 utilization review states the RFA was first received 01/27/15. The patient is working full duty. ACOEM guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." The treater states in reports from 09/22/14 to 12/02/14 that this request is for acute pain flare ups of chronic lower back pain that "average once/2 months"

with the goals of shorter/less intense flare ups, improved level of functional capacity and decreased use of analgesic medication. The reports provided do discuss flare ups of pain and ACOEM guidelines support lumbar supports for the acute phase of symptom relief. It is unclear from the reports provided if the patient has yet used the requested brace which is repeatedly mentioned in reports since at least 03/28/14. In this case, these flare ups do not now appear to be in the acute phase. There is no evidence that the patient is being treated for instability, fractures, spondylolisthesis or is postoperative. The request IS NOT medically necessary.