

<b>Case Number:</b>	CM15-0072083		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 39 year old male, who sustained an industrial injury on 02/21/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar disc herniation at lumbar five to sacral one, and thoracic disc herniations at thoracic four to five and thoracic seven to eight. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, lumbar epidural injection, and medication regimen. In a progress note dated 03/06/2015 the treating physician reports complaints of low back and neck pain that is rated as six to seven out of ten on the pain scale along with spasms across the low back. Physical examination revealed muscle spasm, limited range of motion of the thoracic spine, tenderness on palpation , decreased sensation in C7-8 distribution and 4/5 strength, positive facet loading test. The treating physician requested a three month trial of a gym membership to continue exercises performed at physical therapy to assist in decreasing the pain and increase his level of activity. The documentation provided did not include a request for an extra-large lumbar corset mesh back support. Per the doctor's note dated 12/29/14 patient had complaints of pain in neck and back with radiation, numbness, tingling in UE. Physical examination revealed muscle spasm, limited range of motion of the thoracic spine, tenderness on palpation , decreased sensation in C7-8 distribution and 4/5 strength. The medication list include Butran patch, Norco, gabapentin, Tylenol and Naproxen. The patient had received 20 PT visits, 14, chiropractic visits, and 12

acupuncture sessions for this injury. The patient has had MRI of the low back on 5/13/13 that revealed disc bulge with foraminal narrowing. The patient has had EMG study on 12/4/ 13 that revealed L5 radiculopathy.

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

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

#### **Gym Membership- 3 Month Trial: 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, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) Gym memberships.

**Decision rationale:** Request: Gym Membership 3 Month Trial ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "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." Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. The patient had received 20 PT visits, 14, chiropractic visits, and 12 acupuncture sessions for this injury. Detailed response to conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Rationale for pool access with 6 Month gym membership was not specified in the records provided. Any evidence of the contradiction to land base therapy was not specified in the records provided. Any evidence of extreme obesity was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The medical necessity of the request for Gym Membership 3 Month Trial is not fully established in this patient.

#### **Lumbar Corset, Mesh Back Support XL: 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, Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 05/15/15) Lumbar supports.

**Decision rationale:** Lumbar Corset, Mesh Back Support XL Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." In addition per the ODG cited below regarding lumbar supports/brace, "Prevention:

Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Treatment: 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). Under study for post-operative use; see Back brace, post operative (fusion)." The patient had received 20 PT visits, 14, chiropractic visits, and 12 acupuncture sessions for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided. The medical necessity, of Lumbar Corset, Mesh Back Support XL is not fully established. The request is not medically necessary.