MAXIMUS Federal Services

| Case Number: | CM15-0075545 | | |
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| Date Assigned: | 04/27/2015 | Date of Injury: | 01/15/2014 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

## 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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 47 year old female, who sustained an industrial injury on 01/15/2014. According to a progress report dated 04/06/2015, the injured worker was seen for ongoing low back and left leg sciatica. She received 6 massage therapy treatments and noted that she was able to manage much better and she decreased the amount of medications she was taking. She complained of weight gain and not knowing what types of exercises that she could do with her back injury. Treatments to date have included MRI, medications and massage therapy. Diagnoses included other kyphoscoliosis and scoliosis, sprain of neck, displacement of lumbar intervertebral disc without myelopathy. The provider noted that the injured worker continued to have disabling low back pain and that microdiscectomy continued to be recommended but had not been approved yet. Treatment plan included physical therapy with a personal trainer and massage therapy. Currently under review is the request for massage therapy (12 visits) and one gym membership with a personal trainer.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy (12-visits):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, massage therapy: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." The patient completed 6 massage therapy sessions without clear evidence of functional improvement. The provider did not document a rational behind the request for 12 additional massage therapy sessions. Therefore, the request for 12 Massage therapy sessions is not medically necessary.

**One (1) Gym Membership with a Personal Trainer:** 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, Lumbar and Thoracic (Acute & Chronic), Gym Memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gym memberships (http://www.worklossdata institute.verioiponly.com/odgtwc/low_back.htm#SPECT).

**Decision rationale:** According to MTUS guidelines, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." According to ODG guidelines, Gym memberships: "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. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The request does not address who will be monitoring the patient Gym attendance and functional

improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for Gym Membership with a Personal Trainer is not medically necessary.