

<b>Case Number:</b>	CM14-0001129		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 35-year-old male with date of injury 10/21/2011. Per treating physician's report, 12/12/2013, patient presents with mid-back, low back, and lower extremity pain, who injured his low back while demolishing a roof and carrying a heavy roof material. The patient has had chiropractic and physical therapy and some cognitive therapy. MRI showed annular tears at L4-L5-S1 and has had epidural steroid injections with good benefit. MRI of the shoulder from 2013 showed no rotator cuff tear. MRI of the C-spine from 2013 showed 2-mm disk protrusion at C5-C6 and C6-C7. Diagnostic impressions were lumbar disk displacement without myelopathy, sprains and strains from the neck, sprain/strain thoracic region, sprain chondrosternal. Request was for 13-weeks gym membership, pool facility, and personal trainer, also request for 30-days TENS unit rental. Progress report from 11/08/2013 is also reviewed which shows that the patient has persistent low back and leg pain which is significantly reduced with transforaminal epidural steroid injection, continues to have mid-thoracic pain. Current lists of medications are Topamax, Relafen, and Effexor. Utilization review letter is dated 12/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 GYM BALL/EXERCISE BALL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Recommended Page(s): 46-47.

**Decision rationale:** This patient presents with chronic neck, shoulder, low back pain with MRI showing some annular tears and disk protrusions. Patient has had physical therapy, chiropractic treatments, as well as transforaminal epidural steroid injection that have helped. Patient is currently in a home exercise program, and the treating physician has asked for use of gym ball/exercise ball. While MTUS, ODG Guidelines do not specifically talk about exercise ball, home exercise program is greatly emphasized. It should be kept in mind that in many situations physical therapists work with these patients using exercise ball to effectively work on patient's core muscles and balance positioning. A gym exercise ball can greatly increase the efficiency and effectiveness of home exercise programs, particularly for spinal conditions. Given great emphasis on home exercise program, and relative cost effectiveness of an exercise ball, recommendation is for authorization. The Gym Ball/Exercise Ball is medically necessary.

**1 - 13 WEEK GYM MEMBERSHIP TRIAL WITH POOL ACCESS AND 6 SESSIONS WITH 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, 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), gym membership, low back chapter.

**Decision rationale:** This patient presents with chronic neck and low back pain with MRI demonstrating disk protrusions and annular tears. Patient has had physical therapy, chiropractic treatments, and epidural steroid injections. The current request is for gym membership along with pool and a number of sessions with personal trainer. MTUS Guidelines and ODG Guidelines do emphasize importance of exercise program. However, gym membership is not recommended unless there is a need for specific equipment and close supervision can be provided. ODG Guidelines do not consider gym membership a medical prescription. There are no discussions regarding personal trainer. ODG Guidelines further do not differentiate different types of exercises. In this case, the treating physician does not specify why this patient absolutely requires a gym membership and why home exercises cannot be performed just as effectively. While access to a pool and various different equipments available at gym may be desirable, they are not considered a medical necessity, and different kinds of exercises can be performed at home with equal effectiveness. Recommendation is for denial. The 1-13 Week Gym Membership trial with pool access and 6 sessions with a personal trainer is not medically necessary.

