

Vanguard MedReview, Inc.

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Notice of Independent Review Decision

July 6, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Gym Membership/Nutritional Evaluation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This reviewer is a Board Certified Orthopedic Surgeon with over 13 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old who was involved in a work injury.

06/20/2012: Operative Report. **Postoperative Diagnoses:** 1. Bilateral 724.6 sacroiliac joint dysfunction. Diagnosis was achieved on injection therapy with the patient achieving requisite temporal and quantitative response to the injectate, failure of conservative therapy. 2. Morbid obesity. **Procedure:** Bilateral medial branch rhizotomy using Baylis cooled RF, L5, sacral ala, S1, S2 and S3.

11/07/2012: Operative Report. **Postoperative Diagnosis:** 1. Right sacroiliac joint dysfunction. 2. Status post rhizotomy in June bilaterally, left working well, right not. 3. Exogenous obesity. **Procedure:** 1. Right sacroiliac joint injection with anesthetic and steroid. 2. Right sacroiliac joint arthrography fluoroscopic interpretation.

11/14/2013: Radiography Note. **Diagnosis:** 1. Low back pain. 2. Sacroiliac joint strain and dysfunction. **Procedure:** Bilateral sacroiliac joint needle placement. **Interpretation:** Intra-articular spinal needle placement at the bilateral sacroiliac joints.

11/14/2013: Operative Note. **Postoperative Diagnosis:** 1. Low back pain. 2. Sacroiliac joint strain and dysfunction. **Procedure:** Bilateral sacroiliac joint block. **Post-injection Evaluation:** The patient tolerated the procedure well and will follow up with the treating physician.

12/24/2013: Operative Report. **Postoperative Diagnosis:** Right low back pain, right sacroiliac joint disruption with widening of the joint, 74.6, 720.2. Patient achieving a diagnosis of the above by injection therapy with the patient achieving requisite temporal and quantitative response to the injectate. Within the anesthetic phase, the patient had almost 100% pain relief. This is a patient with history of three years of problems associated with a work injury where cases of soda fell on her and she fell down. It was not until the examination and the injection that the diagnosis was achieved and a treatment plan considered. Exogenous obesity; this patient is 260 pounds and she is 5 feet 9 inches. **Procedure:** Sacroiliac (SI) bone fusion right sacroiliac joint using three devices from cephalad to caudad, 7.0 x 55, 7.0 x 45 and 7.0 x 45.

04/09/2014: Operative report. **Postoperative Diagnosis:** 1. Myofascial trigger point syndrome creating low back pain bilaterally. The patient, on examination in my office, was found to have ropy tender areas on the right side and the left side adjacent to the spine, well above the sacroiliac joints. 2. The patient has had successful sacroiliac joint fusion on the right, Christmas of 2013. She has returned back to work. 3. She is significantly overweight and deconditioned at this point, waiting for complete consolidation at 6 months before we engage in an exercise program. **Procedure:** 1. Examination under fluoroscopic control to identify site specific ropy trigger point sensitivity. 2. Injection of 2 ropy trigger point areas, 1 just adjacent to the transverse process of L5 not at that depth, but in the fascial layers. This reproducing both on the right side and the left side.

03/23/2015: Office Visit. **HPI:** She is having little if any symptomatology on the right. Sometimes, the left is problematic. **Vital Signs:** Height: 69 inches, Weight: 205 pounds, BMI: 30.38, Pulse: 71/minute, BP sitting: 125/87 (left arm) **Assessment:** xx years of age. xx is back xx. The patient worked at a xx for a short period of time after surgery. This past June 2014, xx took the job. She is now working full-time at that job. Sometimes, the left is problematic. She is rarely occasionally uses Ultram. We have discussed the possibility of physical therapy. The patient is a 5 feet 9 inches, 220 pounds. She needs to lose weight. I am pleading with her. Pulse is 71 and regular. Blood pressure is 125/87. I questioned the patient as to whether or not given the same situation, the same pain level, and ability will she do this again, her answer was unequivocal and absolutely. I suspect some of the pain that she is attesting to now is really on the non-surgerized left side. Xx had problems there before we did the surgery, but I anticipated that this would over time basically self-heal. **Plan:** I am going to get a

CT scan to basically rule out the apposition of the cancellous bone onto the devices and then we will anticipate seeing her on a yearly basis after she is finished with therapy.

05/11/2015: UR. **Rationale for Denial:** As noted in ODG's Low Back Chapter Gym Memberships topic, gym memberships are not recommended as a medical prescription unless a documented home exercise program has proven ineffective and there is a need for specialized equipment. The attending provider did not clearly outline why the claimant could not perform home exercises of her own accord. In addition, the attending provider did not establish why using specialized equipment such as a treadmill was essential for this claimant. It was not clearly stated why the claimant could not perform home exercise of her own accord. Therefore, a Gym Membership is not medically necessary. While ODG's Low back chapter office visits topic does acknowledge that office visits are recommended as determined to be medically necessary, in this case, however, it is not clearly established why a nutritionist evaluation was indicated. The claimant's height, weight and BMI were not documented. The attending provider made some dietary recommendations but it was not clearly established why a nutritionist or dietician evaluation was indicated particularly in light of the fact that the claimant's height, weight, and BMI had not been reported. Therefore, a Nutritionist Evaluation is not medically necessary.

06/01/2015: Letter of response. had requested a gym membership as xx ambulates 4 miles a day. Noted on her pedometer. He would like her to continue ambulation on a treadmill and more so on an exercycle in a seated position to help with loss of calories and weight loss. Despite such ambulation. She remains at a BMI of 30. Physical Therapy evaluation was on 5/5/2015. Her improvement will be reassessed upon her follow-up visit. A nutritionist evaluation is requested due to the patient's height, weight and BMI.

06/12/2015: UR. **Rationale for Denial:** Per ODG, "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. Plus, treatment needs to be monitored and administered by medical professionals." The guideline criteria have not been met. There is no documentation of a need for special equipment and/or a trial and failure of a home exercise program. Furthermore, this request would not be considered medical in nature as it is not monitored by a medical professional. Therefore, the request for a gym membership is not medically necessary. Per ODG, "Recommended as determined to be medically necessary. Evaluation and management (E & M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for gym membership/nutritional evaluation is denied. The patient is receiving treatment for bilateral sacroiliac (SI) joint dysfunction, as a result of a work injury. She has already completed a right-sided sacroiliac joint fusion. She remains symptomatic. The treating physician has recommended a gym membership and nutritional evaluation, hoping that the patient's symptoms would improve with weight loss. Gym Membership/Nutritional Evaluation is non-certified. Per ODG:

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. Plus, 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)