

Case Number:	CM13-0004322		
Date Assigned:	06/06/2014	Date of Injury:	09/27/2012
Decision Date:	07/24/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/29/2013

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 and Rehabilitation 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:

The injured worker is a 43 year old man who reported an injury on 09/27/2012 due to an unknown mechanism of injury. The injured worker complained of thoracic pain. On 12/07/2012 the physical examination revealed pain on palpation to the T3 and T4 region of the thoracic spine. On 06/18/2013 the MRI revealed mild degenerative disc disease, T4/5 posteromedial disc bulge, T11/T12 posterior disc bulge and fissure of annulus fibrosis. The injured worker had a diagnoses of thoracic strain and lumbar strain. Physical therapy was used as a past method of treatment. The injured worker was on the following medication ibuprofen 800mg. The current treatment plan is for a 2 month gym program. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 MONTH GYM PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/> Low Back Disorders and the 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) Low Back, Gym membership.

Decision rationale: The request for a 2 month gym program is not medically necessary. The injured worker has a history of thoracic pain. The ODG guidelines state that gym programs 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. Plus, treatment needs to be monitored and administered by medical professionals. There is lack of documentation of a failed home exercise program with periodic assessment. Given the above, the request for a 2 month gym program is not medically necessary.