

Case Number:	CM13-0013206		
Date Assigned:	11/06/2013	Date of Injury:	01/14/1993
Decision Date:	01/22/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 patient is a 52-year-old female who reported an injury on 01/14/1993 due to cumulative trauma. The patient was treated conservatively with medications and physical therapy. The patient underwent fusion surgery in 1998. The patient progressed through a functional restoration program. The patient's chronic pain continued to be treated with medications, exercise, and psychiatric support. The patient's most recent physical findings included a normal affect. The patient's diagnoses included postlaminectomy lumbar syndrome and postlaminectomy thoracic syndrome. The patient's treatment plan included a 3 month gym membership and a continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Month Gym Membership as an outpatient for chronic mid and low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders and the Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, section on Gym Memberships

Decision rationale: According to the medical records provided for review, the patient has undergone a functional restoration program and was educated in an independent exercise program. The Official Disability Guidelines state, "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. As the requested gym membership would not be able to be regularly monitored by a medical professional, it would not be considered a medical treatment. The request for a 3 month gym membership as an outpatient for chronic mid and low back pain is not medically necessary and appropriate.