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| Case Number: | CM13-0015103 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 05/17/1994 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/21/2013 |

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 Neurological Surgery 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 records presented for review indicate that this 59-year-old female was reportedly injured on May 17, 1994. The mechanism of injury is noted as a slip on the floor injuring the lower back. The most recent progress note, dated May 15, 2014, indicates there are ongoing complaints of left lower back pain and left leg pain. The physical examination on this date demonstrated decreased lumbar range of motion. There was normal muscle strength and sensation in the lower extremities. Reflexes were 2+ and symmetrical. There was a positive seated slump test on the right side. An MRI of the lumbar spine dated December 7, 2012, noted a disc bulge at the L3 - L4 level, L4 - L5 facet arthropathy with mild spondylolisthesis and disc degeneration, and L5 - S1 disc desiccation. There was a diagnosis of a lumbar disc bulge and stenosis at the L4 - L5 level with resultant left lower back pain and left L5 radicular pain, and chronic lumbar sprain/strain. A walker and a step stool were prescribed as well as a spine surgeon referral. A request had been made for a one year gym membership on July 30, 2013, and was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

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 - Lumbar & Thoracic (Acute & Chronic), Gym memberships, Updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines, gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. A gym membership is 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 professional. 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. The attached medical record does not justify the usage of a medically supervised therapeutic gym membership program as there is no documentation of failure with home exercise or a specific mention of supervised medical personnel to accompany the injured employee. For these multiple reasons this request for a gym membership is not medically necessary.