

Case Number:	CM13-0019589		
Date Assigned:	12/04/2013	Date of Injury:	02/20/2006
Decision Date:	01/28/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 and Rehabilitation, has a subspecialty in Internal 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 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.

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 40 year-old male with a date of injury on 02/20/2006. Patient has diagnoses of chronic pain, lumbar radiculopathy and laminectomy syndrome. Patient is status post discectomy (2006), spinal fusion of L4-S1 (2012), bone spurs and hematoma removal (2012) and lumbar fusion (03/06/2013). According to report, dated 08/12/2013 by [REDACTED], patient describes lower back pain as sharp, dull/aching, throbbing, with weakness and spasms. On examination of lumbar spine, diffuse tenderness over lower lumbar area was noted. Extension of lumbar spine showed forward flexion at 15 and hyperextension at 5 degrees. SLR was positive on left at 30 degrees. [REDACTED] requests a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guideline web 2012, Low Back, Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Gym membership for low back chapter.

Decision rationale: Patient has diagnoses of chronic pain, lumbar radiculopathy and laminectomy syndrome. Treater requests a gym membership. Gym memberships are not specifically addressed in ACOEM. However, ODG guidelines state it 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. Treatments need to be monitored and administered by medical professionals. While an individual exercise program is recommended, outcomes that are not monitored by a health professional, such as gym memberships or advanced home exercise equipment are not recommended. Recommendation is for denial.