

Case Number:	CM13-0020223		
Date Assigned:	10/11/2013	Date of Injury:	07/06/2010
Decision Date:	09/10/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

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 Orthopedic 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 44-year-old male was reportedly injured on July 6, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated November 1, 2013, indicates that there are ongoing complaints of low back pain. No physical examination was performed on this date. Diagnostic imaging studies were not provided. Previous treatment includes lumbar spine epidural steroid injections. A request had been made for a gym membership for 12 months and the use of a TENS unit for the lower back and was not certified in the pre-authorization process on August 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR 12 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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), Low Back - Lumbar and Thoracic, Gym Membership, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines a gym membership is not recommended as a medical prescription unless a documented home exercise program with

periodic assessment and revision has been determined not to be effective and there is a need for additional equipment. Furthermore treatment in a gym needs to be monitored and administered by medical professionals. As documentation regarding these issues has not been provided, this request for a gym membership for 12 months is not medically necessary and appropriate.

A TENS UNIT FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 114-115.

Decision rationale: The TENS unit is indicated for the treatment of neuropathic pain if evidence of other treatment modalities have been tried and failed. There should be an initial one-month trial period with the usage of a tens unit. As there is no documentation of neuropathic pain for the injured employee nor is there any for a one-month trial period, this request for a TENS unit for the lower back is not medically necessary and appropriate.