

Case Number:	CM13-0022726		
Date Assigned:	03/14/2014	Date of Injury:	02/06/2003
Decision Date:	05/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/11/2013

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 Occupational Medicine 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 patient is an employee of [REDACTED] and has submitted a claim for lumbar disk displacement, myalgia, and myositis associated with an industrial injury date of February 6, 2003. Utilization review from August 13, 2013 denied the request for six (6) month gym membership renewal. Treatment to date has included epidural steroid injections, chiropractic treatment, gym membership, opioid and non-opioid pain medications, and home exercise program. Medical records from 2013 were reviewed showing the patient complaining of low back pain which has not been significantly treated through extensive conservative management. An MRI from March 2013 demonstrated no nerve root compression with degenerative hypertrophic changes at the apophyseal joints at L1-L2 and L2-L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) MONTH GYM MEMBERSHIP RENEWAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

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 CHAPTER, GYM MEMBERSHIPS

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the patient has been doing a home exercise program but there is no documentation that this was ineffective. There was no discussion concerning the need for specialized equipment. There was no indication that there medical professionals will be monitoring the patient in this environment. Therefore, the request for six (6) month gym membership renewal is not medically necessary.