

Case Number:	CM13-0024324		
Date Assigned:	11/20/2013	Date of Injury:	09/01/2011
Decision Date:	01/06/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/13/2013

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 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 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 applicant is a 36-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; a functional restoration program; topical compounds; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a utilization review report of August 22, 2013, the claims administrator denied a request for a 13-week trial gym membership citing the ODG gym membership topic. The applicant later appealed, on September 12, 2013. An earlier note of August 16, 2013 is notable for comments that the applicant reports persistent low back pain radiating to the left leg. He would like to continue with gym exercises and trial acupuncture. He reports 4 to 8/10 pain. He is not working. Spasm and guarding is noted about the lumbar spine. The applicant is able to sit, transfer, and ambulate without assistance or difficulty. Permanent work restrictions are again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, #13 week trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127. Decision based on Non-MTUS Citation ODG guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 5, remaining and staying active, maintaining exercise regimens, etc., are considered matters of employee responsibility as opposed to medical necessity. Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines state that there is no sufficient evidence to support any one particular exercise regimen over another. Finally, a non-MTUS guideline, the ODG low back chapter gym membership topic, states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need of specialized equipment. In this case, the attending provider has not clearly detailed the need for specialized equipment. The attending provider has not clearly stated what specialized equipment is available at the gym that would be beneficial to the applicant and/or why the applicant cannot maintain a home exercise regimen without it. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.