

Case Number:	CM13-0026445		
Date Assigned:	11/22/2013	Date of Injury:	06/01/2006
Decision Date:	02/04/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/19/2013

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 Interventional 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. 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 a 50 Year old male with date of injury 06/01/2006. Patient has diagnoses of lumbosacral neuritis NOS/radiculopathy and degenerative disc disease. Report dated 08/15/2013 by [REDACTED], documents patient complaining of lower back pain and severe pinched nerve in both legs which is causing him severe pain. Medical documents show CT scan 06/26/2013, showing right-sided paracentral disc protrusion at L2-L3. The treating physician is requesting a 1 year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership purchase times one (1) year for the lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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.

Decision rationale: The patient suffers from lumbosacral neuritis NOS/ radiculopathy and degenerative disc disease. The treating physician is requesting a 1 year gym membership to help the patient manage his pain. Gym memberships are not specifically addressed in ACOEM. However, the Official Disability Guidelines (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 is not recommended. Recommendation is for denial