

Case Number:	CM13-0030048		
Date Assigned:	03/19/2014	Date of Injury:	09/22/1993
Decision Date:	12/31/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 a 59 year old female with date of injury 09/22/1993. The treating physician report dated 08/22/2013 indicates that the patient presents with pain affecting the low back which is radiating down to both of her legs. She also has tingling in her right foot. The patient rated her pain as an 8/10. The physical examination findings reveal restricted range of motion in the lumbar spine and motor testing was limited by pain. The patient had surgery on her lumbar spine on 03/20/2012. Prior treatment history includes TENS unit, at home exercises, medication, and trigger point injections. The patient has been permanent and stationary since 2012. EMG/NCS testing reveal mild to moderate right S1 radiculopathy and chronic denervation/ re-innervation in L5 musculature bilaterally. The current diagnoses are: 1. Spinal/Lumbar Disc Degeneration 2. Low Back Pain. The utilization review report dated 09/17/2013 denied the request for 6 month gym membership based on lack of medical necessity. The utilization review report dated 09/17/2013 approved the request for a weight loss program modified to 1 month trial based on the patient's significant weight gain since the injury.

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: 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), Health Clubs

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 & Thoracic Chapter, Gym membership & Health Clubs Chapter

Decision rationale: The patient presents with pain affecting the low back which is radiating down to both of her legs. The current request is for 6 month gym membership. ODG guidelines state that a gym membership 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. Plus, treatment needs to be monitored and administered by medical professionals." The primary treating physician has not documented a need for special equipment that a gym would provide and there is no documentation that this request would be administered by medical professionals. In this case the treating physician has requested a 6 month gym membership and the ODG guideline requirements were not met. Recommendation is for denial.