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| Case Number: | CM13-0030777 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 12/16/1999 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

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 Internal Medicine has a subspecialty in Pulmonary Disease 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 sustained a work related injury on 12/16/1999. The clinical information indicates the patient's prior treatment includes epidural steroid injections in 09/2013 and 12/2013, medication management, and physical therapy. The most recent progress report dated 12/04/2013 documented subjective complaints of 10/10 low back pain and tingling to both hands and feet. The patient's medications consisted of Deplin, Celebrex, Gabapentin, and Norco. Objective findings revealed loss of normal lordosis, restricted range of motion, hypertonicity, spasm, and tenderness to palpation. The patient had positive Gaenslen's, facet loading, and straight leg raise tests. Neurologically, the patient had decreased motor strength and decreased sensation. The patient's diagnoses included laminectomy syndrome, radiculopathy, degenerative disc disease, disc disorder, sacroiliac pain, and muscle spasm. The treatment plan indicated the patient was scheduled for a caudal ESI on 12/06/2013 and a request for authorization of 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:

one year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

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 Membership.

Decision rationale: Official Disability Guidelines state that gym memberships are "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 clinical information submitted for review indicates that the patient requires personal home care as well as standby to physical assistance from a seated position due to total disability and mental impairment. Given the documentation submitted for review, the patient would require supervision with exercise and cannot utilize a gym membership independently. As such, the request for one year gym membership is non-certified.