

Case Number:	CM13-0031598		
Date Assigned:	12/04/2013	Date of Injury:	01/08/2008
Decision Date:	02/12/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/03/2013

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 & Rehabilitation 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:

This 44 year-old male sustained an injury on 1/8/08 while employed by [REDACTED]. The request under consideration includes a one year gym/pool membership. A report dated 8/19/13 from [REDACTED] of [REDACTED] noted the patient complained of low back pain, and was stable with medications. Exam results show a neurovascularly intact lumbar spine with tenderness, spasms, and tightness, sacroiliac joint pain with motion, reduced range and sensation at L5/S1. The diagnosis was spinal discopathy. An MRI of lumbar spine from 9/11/08 showed multilevel degenerative changes most severe at L2-3. A report of 8/4/11 noted the patient with selective catheterization L4-S1 epidural space with infusion of "LA" and corticosteroid. Treatment plan included 1 gym/pool membership which was non-certified on 9/11/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym/pool 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 Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Membership section.

Decision rationale: The MTUS Chronic Pain Guidelines stress the importance of a home exercise program and recommend daily exercises, and there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. The one year gym/pool membership is not medically necessary and appropriate.