

Case Number:	CM13-0033898		
Date Assigned:	12/06/2013	Date of Injury:	12/16/2011
Decision Date:	06/19/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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 Emergency 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 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 female with a reported date of injury on 12/16/2011. The mechanism of injury reported to be from lifting at work. The patient has a diagnosis of thoracolumbar/sacral radiculitis, unspecified backache and unspecified disc disorder of lumbar region. The physical therapy report from 9/24/13 reports that patient is doing well and is enthusiastic about strengthening exercises. The last report states that patient complains of back pain radiating from low back down the left leg and intermittently involves the right leg as well. Sleep and activity is "poor". The patient reports that pain is responding to pain medications. The objective exam reveals the patient is no distress and gait without use of assistive device. Lumbar spine exam reveals limited range of motion due to pain. The patient has tenderness to paravertebral muscles especially the left side, no central spinal tenderness and normal heel toe walk. The straight leg raise is negative and neurological function is normal. MRI of lumbar spine (2/13/13) reports minimal broad based bulge seen at multiple levels without any spinal canal stenosis or foramina narrowing. There is minimal grade 1 anterolisthesis of L4-L5 and mild facet arthropathy. The patient is reportedly on Ibuprofen, Lidoderm Patch, Tylenol with Codeine, Atenolol, Aciphex, Cyclobenzaprine, HCTZ, Lipitor and Metformin. The utilization review is for gym membership for 12months. Prior UR on 10/3/13 recommended non certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR 12 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back pain- Lumbar and Thoracic (Acute and Chronic), Gym Membership

Decision rationale: The California MTUS Chronic pain and ACOEM guidelines do not have any adequate sections relating to this topic. As per Official Disability Guide (ODG), Gym membership is not recommended as a prescription unless a home exercise program has been ineffective, there is need for equipment and patient is being monitored by a medical professional. Although exercise and the use of a gym may be beneficial, gym membership is not considered a medical treatment and is therefore not medically necessary.