MAXIMUS Federal Services

Case Number:	CM13-0034721		
Date Assigned:	12/11/2013	Date of Injury:	06/21/1999
Decision Date:	02/05/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/16/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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 63 year old man who sustained a work related injury on July 31, 2013. The patient reported a chronic left leg pain as well as numbness and tingling. His physical examination showed lumbar tenderness and spasm, positive straight leg test and deceased sensation in L4-5 dermatome. The patient was diagnosed with lumbar disc degeneration, lumbar disc bulging, chronic spinal pain, anxiety, and depression.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the MTUS guidelines, an exercise program is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any

treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no clear evidence that one year gym membership will secure a program that emphasizes education and independence. Furthermore, there no clear justification of the length of the program. Therefore, a one year gym membership is not medically necessary.