

Case Number:	CM13-0039738		
Date Assigned:	12/20/2013	Date of Injury:	02/23/2009
Decision Date:	04/24/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/08/2013

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 and is licensed to practice in Arizona. 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 62-year-old male with date of injury on 2/23/07. His profession is a bus driver. Since the injury, he has back pain and problems with the lumbar spine. He has previously undergone lumbar laminectomy and L4-S1 fusion. A second surgical procedure was performed on 8/27/12 consisting of L2-L4 fusion, revision and extension of L3-S1. There was some improvement; however he continued to remain disabled and unable to work. The additional management consisted of significant pain management medications including opiates. He received physical therapy and was generally not able to exercise because of pain and a lack of motivation. He mostly exercised on the stationary bicycle. He received passive modalities. The attending neurosurgeon recommended additional physical therapy, gym membership and weight loss on 11/20/12. A gym membership for 6 months was again suggested on 5/23/13. The medical reviewer on 9/18/13 declared that a gym membership not medically necessary based on the ODG (Official Disability Guidelines).

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR THE BACK: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise

Decision rationale: The Official Disability Guidelines indicate that a supervised exercise program, including education and measuring outcomes is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is 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. The medical records provided for review indicates that the injured worker did not show much motivation, the capacity or endurance to exercise while participating in physical therapy. Therefore, the request is not certified.