

Case Number:	CM13-0039994		
Date Assigned:	12/20/2013	Date of Injury:	01/08/2007
Decision Date:	02/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/07/2013

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 and 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 is a 59 year-old male, apparently with multiple industrial injury claims. The records provided for IMR, include an injury to the cervical spine from 1/8/07, and a cumulative trauma claim from 1/8/03-2004, and there are reports for a 4/29/06 industrial injury involving the lower back. A review is requested for the necessity of a gym membership x6 months for the cervical spine. The diagnoses regarding the cervical spine include: failed neck surgery syndrome; myelomalacia; cervical fusion C3-C6 with fixation plate; right C5/6 radiculopathy with medial and ulnar neuropathy; chronic myofascial pain syndrome; past history of substance abuse; and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership Program 6 Months for Cervical Spine: 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) 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

Decision rationale: MTUS guidelines recommend exercise, but state: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." The 9/9/13, 9/15/13, and 10/4/13 pertain to the patient's cervical claim/injury and the other reports appear to be for the lower back claim/injury. ODG guidelines do not discuss gym memberships for the cervical spine, but for the lumbar spine states gym memberships are not considered medical treatment. They are not recommended as a 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 appeal states there was mention of a home exercise program (HEP) with minimal improvement, but the HEP was not described, there was no mention of periodic assessment or revision or a discussion of how it was ineffective. There was no discussion of need for equipment and no mention of who is administering and monitoring the treatment. MTUS states there is no evidence to recommend any particular exercise regimen over another. The gym membership does not appear to be in accordance with ODG guidelines, and exercises specific for a gym do not appear to be necessary over home exercises according to MTUS guidelines.