

Case Number:	CM13-0041537		
Date Assigned:	12/20/2013	Date of Injury:	02/16/2011
Decision Date:	03/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal Medicine and is licensed to practice in New York. 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 26 year old male with a date of injury on 02/16/2011. He sustained a lumbar strain. The mechanism of injury was not provided. He had a laminectomy on 09/16/2011. Despite this surgery he continued to have back pain and right lower extremity pain. On 04/12/2012 he had a lumbar MRI that revealed a L4-L5 herniated disc. He has been treated with medication, physical therapy, epidural steroid injections and chiropractic care. On 07/02/2013 he had an epidural steroid injection. On 09/26/2013 he had lumbar tenderness, decreased range of motion, right leg sensory deficit and continued pain. On 10/03/2013 he had low back pain and right leg weakness. On 11/07/2013 his lumbar flexion was limited and he could touch his knees. Dorsiflexion of the right foot was weak. He had decreased lateral right foot sensation. The request was for a 6 month gym membership. ❌

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym 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 (ODG), Treatment for Workers' Compensation, Online Edition, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Low Back.

Decision rationale: The MTUS ACOEM chapter 12, 2nd Edition Low back complaints pages 344 to 385 does not mention gym membership as an accepted treatment for low back injuries. The ODG 2014 section on treatment for low back injuries states that gym membership is not a recommended treatment. "Treatment needs to be monitored and administered by medical professional. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient."