

Case Number:	CM13-0041796		
Date Assigned:	03/26/2014	Date of Injury:	03/03/2008
Decision Date:	05/08/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/08/2013

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 Occupational 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 65-year-old female who was injured on 03/03/2008 while. The mechanism of injury is unknown. Prior treatment history has included a combined anterior plus posterior decompression and fusion at L4-5 and L5-S1 on 08/10/2012. The patient received post-op physical therapy. She also received injection without any relief of symptoms. Her medications include Norco, Tylenol and Lorazepam. PR-2 dated 12/10/2013 documented the patient in for follow up of her lower back. The patient states that she has completed the authorized three months gym membership, which helped, increase her overall mobility. The examiner requested a one-year health club membership at the last appointment, which was denied. The patient states that overall her lower back symptoms have remained unchanged except for the past three days when she has experienced increased lower back pain without any obvious reason mainly at night. The pain is located on both sides of her spine. Objective findings on exam revealed her gait is relatively normal. Examination of the lumbar spine revealed range of motion flexion of 80 degrees, extension 10 degrees, rotation 35 degrees and lateral bending of 20 degrees. There is mild to moderate tenderness over the surgical scar. There is moderate tenderness in the paraspinal muscles and mild to moderate tenderness at the sacroiliac joints. There is no tenderness over the sciatic nerves on either side. The diagnoses include a compression fracture of the lumbar spine at L2 status post kyphoplasty, multiple level degenerative disc disease and facet spondylosis and unspecified thoracic/lumbar neuritis/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ONE (1) YEAR HEALTH CLUB MEMBERSHIP FOR THE LUMBAR 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)Gym Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, GYM MEMBERSHIPS

Decision rationale: This is a request for one-year health club membership for the lumbar spine for chronic low back pain. Gym memberships are not recommended unless a documented home exercise program has not been effective, and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. After review of the available medical records, guideline criteria have not been met. Medical necessity is not established. The requested treatment is non-certified.