

Case Number:	CM13-0043794		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2012
Decision Date:	10/21/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/31/2013

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 Med & 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 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 injured worker is a 46-year-old right-hand dominant male who sustained work-related injuries on October 18, 2012. He sustained low back injury when the CAT loader he was driving struck a heavy metal plate in the roadway. Prior treatments include failed physical therapy, failed chiropractic manipulation, medications, and full work and conditioning program which made the injured worker return to work. The lumbar magnetic resonance imaging scan dated October 29, 2012 revealed the following: (a) diffuse lower thoracic and lumbar disc/endplate degeneration, most pronounced with small posterior annular tears from L3-4 to L5-S1. Mild lower lumbar facet/ligamentum hypertrophy; (b) L3-4, right axillary recess is effaced, potentially impinging on the right L4 nerve root. Left axillary recess is mildly compromised without definite impingement on the left L4 nerve root; and (c) moderate right greater than left L5-S1 foraminal narrowing, potentially impinging on the right L3 nerve root. Left L5 nerve root marginally exits freely with questionable impingement. Per September 3, 2013 medical records, he reported of pain in the low back. On rare occasions, he has experienced pain radiating to his right lower extremity or right knee. He also reported pain/numbness on one occasion that radiated to the right foot. He stated that the intensity of his pain was moderate but became severe when it flares. The pain was aggravated by general activities and normal work. It was worsened with prolonged walking, standing, and climbing. He stated that he felt there is something mechanical contributing to the pain and pain contributed to marked functional and pain-related impairments. The lumbar spine examination noted limited range of motion especially with extension and flexion. Spasms and guarding was noted. The strength was 5/1 with no altered sensation. The Faber test was positive. His gait was normal. He is diagnosed with (a) myalgia and myositis, not otherwise specified, and (b) lumbar annular tears L3-L4, L4-5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for the low back; six months: 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 Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), Gym memberships

Decision rationale: The Official Disability Guidelines (ODG) indicate that gym memberships are not recommended as a medical 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 professions. The guidelines further indicate that gym memberships, health clubs, swimming pools, athletic clubs, would not be generally considered as a medical treatment. In this case, there injured worker has physical treatment modalities including physical therapy and chiropractic manipulation which failed or worsened the condition of the injured worker. He has undergone a conditioning program which was expected to provide an instructed home exercise program. As such, he was able to return to work. However, the records provided that a home exercise program with revisions have failed the injured worker and there is no indication that equipment is needed. Due to the lack of supporting evidences and lack of support from guidelines, the medical necessity of the requested gym membership has not been established. Therefore, the request for a gym membership for the low back; six months is not medically necessary and appropriate.