

Case Number:	CM13-0046560		
Date Assigned:	12/27/2013	Date of Injury:	11/23/1998
Decision Date:	03/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physican Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 male patient with a date of injury of November 23, 1998. A progress report dated November 15, 2013 includes subjective complaints of low back pain. The note indicates that the patient had some improvement from therapy for the lower back, but continues to have numbness and tingling down the left lateral thigh. Physical examination identifies paraspinal tenderness to palpation with spasm noted in the lower lumbar region, painful range of motion, positive straight leg raise, and decreased sensation in the left lateral pie and left gastrocnemius. Diagnoses included disc bulges in the lumbar spine. The treatment plan requests authorization for acupuncture sessions, physical therapy, and a home exercise program. A progress report dated September 13, 2013 identifies objective examination findings including paraspinal tenderness to palpation in the lumbar spine with spasm and painful range of motion. Treatment plan includes physical therapy and gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month trial 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that exercise is recommended, but that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. The Official Disability Guidelines state 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. Also, treatment needs to be monitored and administered by medical professionals. 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 a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.