

Case Number:	CM13-0048102		
Date Assigned:	12/27/2013	Date of Injury:	01/10/2005
Decision Date:	02/20/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pain Management & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 40 Years Old male with a date of injury of 01/10/2005. The listed diagnoses per [REDACTED] dated 09/30/2013 are: 1. Chronic lumbar strain 2. Status post back surgery with residuals (2007) According to report dated 09/30/2013 by [REDACTED], patient presents with a recurrent flare-up of the lumbar spine symptoms. It was noted that patient was relying on medication for relief. Examination findings showed well-healed scar, Straight Leg Raising (SLR) positive and weakness of the core muscles of the lumbar spine. Treater is requesting a gym membership and a home exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for pool therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with a recurrent flare-up of the lumbar spine symptoms. Treater requests a gym membership. Gym memberships are not specifically

addressed in ACOEM. However, ODG guidelines state it is 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. Treatments need to be monitored and administered by medical professionals. While an individual exercise program is recommended, outcomes that are not monitored by a health professional, such as gym memberships or advanced home exercise equipment is not recommended and not covered under this guideline. Therefore, Decision for Gym Membership for pool therapy is not medically necessary and appropriate.

Home Exercise Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 491.

Decision rationale: This patient presents with a recurrent flare-up of the lumbar spine symptoms. Treater requests a home exercise kit. While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for "exercise kit" for the lumbar spine does not encompass what is included in the "kit." Without knowing what the "kit" details, one cannot make a recommendation regarding its appropriateness based on the guidelines. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. Therefore, Decision for Home Exercise Kit is not medically necessary and appropriate.