

Case Number:	CM13-0056723		
Date Assigned:	04/16/2014	Date of Injury:	06/07/2000
Decision Date:	05/23/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Medicine, and is licensed to practice in North Carolina. 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 50 year old with a reported date of injury of 06/07/2000. The patient's diagnoses include (724.4) thoracic or lumbosacral neuritis or radiculitis, (722.10) lumbar disc displacement without myelopathy and (724.2) lumbago. Medical treatment has included oral medication, topical analgesics and physical therapy. The progress note dated 10/21/2013 from the primary treating physician reports that subjectively the patient "is working out and feels a lot better." Physical exam shows pain in the lumbar spine with neck flexion beyond 85 degrees and extension beyond 25 degrees. The patient also had pain in the deep buttocks on the right with internal rotation of the femur and the left lateral leg remained numb. Otherwise the exam was within normal limits. Recommendations were for continued medication, possible sciatic nerve block, pool therapy, and a gym membership. A request for certification for the gym membership was denied on 10/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM 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 ODG: The Low Back-Gym Membership

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 Pain

Decision rationale: The ODG does not recommend gym memberships for the treatment of low back pain unless there has been a documented failure of home exercise program with periodic assessment and revision and the need for equipment. In addition treatment needs to be monitored and administered by medical professionals. More elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered. The ODG clearly does not recommend gym memberships as a treatment option for low back pain. In addition there is no documentation of failure of a home exercise program with periodic assessment. For these reasons, the request for a gym membership is not medically necessary and appropriate.