

Case Number:	CM13-0059335		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2003
Decision Date:	04/04/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 42-year-old female who reported an injury on 09/11/2003. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with severe degenerative disease of the lumbar spine, mild to moderate degenerative disc disease, possible lumbar discitis and severe exogenous obesity. The patient was seen by [REDACTED] on 12/23/2013. The patient reported ongoing lower back pain with left lower extremity symptoms. Physical examination revealed limited lumbar range of motion, moderate tenderness to palpation and 5/5 motor strength without any neurological deficits. Treatment recommendations included a health club membership with a pool facility and a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Health-club membership with pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online at ncbi.nlm.nih.gov/pubmed and Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The patient does not appear to meet criteria for the requested service. There is no indication that this patient has failed to respond to a home exercise program. There was also no indication for the need for specialized equipment. As such, the request is non-certified.

██████████: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online at ncbi.nlm.nih.gov/pubmed and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The California MTUS Guidelines state that functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. The principles of functional restoration are applied to all conditions in general. As per the documentation submitted, there is no indication that this patient has tried and failed weight loss with diet and exercise prior to the request for a weight loss program. The medical necessity has not been established. As such, the request is non-certified.