

Case Number:	CM13-0060225		
Date Assigned:	01/08/2014	Date of Injury:	10/07/2004
Decision Date:	06/26/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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 Medicine and 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 55-year-old male who reported an injury on 10/07/2004. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 10/22/2013, the injured worker complained of back pain and low back pain. The injured worker rated the pain at 5/10 to 6/10 and described the pain as aching, burning, stabbing, throbbing, stiff, and spasming. He noted his back pain is located in the lumbar area, lower back, left leg, mid back, and back of both legs. The pain to gets worse with back flexion, hip extension, and hip rotation, also noted radicular pain in the right and left leg, weakness in the right and left leg, hip pain, and upper back pain. He noted stretching improved his condition. Upon the physical exam, the provider noted the injured worker to have severe discogenic lumbalgia with 5 mm disc protrusion versus herniation at L4-5 and L5-S1 with foraminal narrowing and borderline stenotic foramina at both levels along with borderline stenotic foramina at L5-S1 due to articular process protruding upon the nerve roots. The provider noted the injured worker had acute gastroenteritis. The provider indicated the MRI of injured worker's lumbar spine performed on 10/29/2009, revealed a loss of disc space signal at L4-5 and L5-S1, mildly reduced left foramina, moderate stenotic foramina, 5 mm disc abnormality and moderate central canal stenosis, worse on the left. The provider recommended the injured worker undergo a fusion at L4-S1 with 85% expected relief of low back pain. The injured worker has undergone physical therapy with no relief of pain. The provider requested a gym membership. However, the rationale for the request was not provided. The Request for Authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

A GYM MEMBERSHIP: 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), Low Back, Gym Membership.

Decision rationale: The Official Disability Guidelines do not recommend a gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Plus, treatment needs to be monitored and administered by the medical professionals. While the individual exercise program is of course recommended, more elaborate personal care for outcomes are monitored by a health professional, such as a gym membership or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for the patients who need more supervision. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment and, therefore, are not covered under the guidelines. The request for a gym membership is non-certified. The injured worker complained of back pain and low back pain. The injured worker rated the pain at 5/10 to 6/10 and described the pain as aching, burning, stabbing, throbbing, stiff, and spasming. He stated his back pain was located in the lower back, left leg, mid back, and back of both legs. His pain worsened with back flexion, hip extension, and hip rotation. The injured worker noted stretching improves the condition. He complained of radicular pain in the right and left leg, weakness in the right and left leg, hip pain, and upper back pain. There is a lack of documentation indicating the injured worker had participated in a home exercise program with periodic assessment and revision which has been ineffective. The treating physician did not provide a complete and adequate assessment of the injured workers functional abilities. There was lack of documentation indicating the injured worker needed specific equipment for which a gym membership would be indicated. Additionally, the submitted request did not specify the duration of the gym membership. Therefore, the request for a gym membership is not medically necessary.