

Case Number:	CM13-0070921		
Date Assigned:	01/08/2014	Date of Injury:	04/20/2000
Decision Date:	04/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/26/2013

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 Practice and is licensed to practice in Texas. 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 56-year-old male with diagnoses of chronic low back pain syndrome, a depressive disorder, not elsewhere classified, chronic pain syndrome, cervical post laminectomy syndrome, fibromyalgia/myofascial pain, anxiety state, unspecified. Patient has a date of injury of 04/20/2000. Patient seen on 12/20/2013 for complaint of neck pain radiates down both of upper extremities, causing numbness and tingling. Pain level was 8/10 upon arrival of the appointment. Patient did note that the pain is constant but variable in intensity. Patient currently is on the following medications: Hydrocodone 10 mg-acetaminophen 325 mg, take 1 tablet every 6 hours. Patient notes that they usually take this twice a day. Physician noted the patient was there for a follow-up appointment, has a long history of chronic neck pain and failed back surgeries. Patient's last neck surgery has caused him to have ongoing problems with numbness, tingling and diminished function in the hands. It was noted the patient had muscle weakness and arthralgia's/joint pain but reports no swelling in the extremities. Patient reports sleep disturbance and restless sleep, poor mood. Physician discussed with patient to continue home exercise program. Physician is also requesting gym membership and evaluation for a Functional Restoration Program. Physician noted patient's rehabilitation has been slow with minimal progress, has already had 2 failed neck surgeries with no significant resolution of pain and increased numbness/tingling and difficulty with fine motor movements.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back, Gym Membership.

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

Decision rationale: Patient is a 56-year-old male with diagnoses of chronic lower back pain syndrome, depressive disorder, not elsewhere classified, chronic pain syndrome, cervical post laminectomy syndrome, fibromyalgia/myofascial pain, anxiety state, unspecified. Patient continues to have pain, which does seem to be controlled with hydrocodone. Since the last surgery, patient continues to have upper extremity issues as far as fine motor skills and numbness and tingling. Physician noted in the 12/12/2013 office note, the patient's rehabilitation has been slow with very minimal progress. Will be having the patient assessed for a Functional Restoration Program. Patient does continue to do home exercise program without any difficulties. California MTUS/ACOEM Guidelines do not address. Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise with periodic assessment revision has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered for medical treatment, and are therefore not covered under these guidelines. Therefore, the request is non-certified.