

Case Number:	CM13-0072382		
Date Assigned:	01/08/2014	Date of Injury:	03/14/2001
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine 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:

This is a 52-year-old male patient with 03/14/2001 date of injury. On a 03/7/2013 follow up visit he reports that while making a dinner he developed substantial cramps in his mid back that extended to the chest. Though the episode passed within 35 min, he still could feel middle back spasm. On physical examination of the lumbosacral region, he had increased tension across the lumbar paraspinals, as well as the thoracic parts, more along the left side, where he also had some palpable discomfort. Lumbar flexion remains with mild restrictions, and extension is with moderate restriction. He was prescribed OxyContin 10mg up to t.i.d., Percocet 10 b.i.d. On a 04/12/013 office visit, he had chronic middle back pain and some recent pelvic girdle weakness and mostly lumbosacral junction discomfort. On his 07/29/2013 follow up visit, he stated that his back pain seemed to be reasonably stable, but he still had significant discomfort around his left hip. He had limited home exercise compliance for his lower back as a result. However, he could at least do stretching once a day, and some core strengthening. He found that using a jetted tub helped him with his back complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Internet, 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 chapter, GYM membership

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. The patient presented with low back pain, and restricted range of motion. Over several follow up visits, the patient was taking his medication and doing home exercise: stretching, core strengthening. He also noted that a jetted tub helped him. However, there was no clear explanation why the patient couldn't continue exercise at home. In addition, there was also no indication that the patient would require any specific equipment for special training. Furthermore, there is no evidence that the proposed membership is administered and monitored by medical professionals. Therefore, the request for a Gym Membership 6 Months are not medically necessary.