

Case Number:	CM14-0000109		
Date Assigned:	05/07/2014	Date of Injury:	12/02/2012
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
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 53-year-old female with a 12/2/12 date of injury. She was seen on 11/13/13 for chronic neck pain radiating to the upper extremities and low back pain radiating to the lower extremities. Her pain is 8-9/10 without medications, and 6-7/10 with medications. Exam findings revealed the patient was not able to walk to his her toes or heels. The patient's diagnosis is bilateral foraminal stenosis at C6-C7 with bilateral radicular pain to the upper extremities, right greater than left, low back and bilateral hip and leg pain with multilevel lumbar foraminal stenosis. A myelogram from August 2013 revealed bilateral stenosis at C6/7 and right foraminal stenosis at C5-6. Treatment to date: medications, physical therapy, acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR MEMBERSHIP TO THE [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for a one year pool membership was not medically necessary.