

Case Number:	CM14-0005996		
Date Assigned:	06/20/2014	Date of Injury:	06/18/2009
Decision Date:	07/28/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 39-year-old male who reported an injury on 06/18/2009. The mechanism of injury was reported as a fall. The diagnoses included cervical disc displacement. Per the 12/04/2013 visit note, the injured worker reported chronic neck and low back pain. He reported his pain as 6/10 to 7/10 without medications. The injured worker reported going to the gym 3 to 4 times a week and noted improvement in his core strength. He reported that it helped him sleep better without cramps. Per the 01/02/2014 consultation note, the injured worker reported 7/10 to 10/10 neck and low back pain. Examination of the cervical spine noted pain to palpation at C4-5 and C6-7, palpable paraspinal muscle spasms, and limited range of motion secondary to pain. Examination of the lumbar spine noted pain to palpation over the L5-S1 area and limited range of motion. Prior treatments included medications, physical therapy, epidural injections, and acupuncture. The request is for a 13 week gym membership, as the injured worker reported good benefit. The Request for Authorization form was submitted for 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 WEEK GYM MEMBERSHIP CERVICAL AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Exercise and Low Back, Gym memberships.

Decision rationale: The request for 13 week gym membership cervical and lumbar spine is not medically necessary. The California MTUS Guidelines state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Regarding exercise for the neck, the Official Disability Guidelines state, while a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships, may not be covered. The guidelines further state, gym memberships are not recommended for the low back as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The guidelines also state gym memberships and health clubs would not generally be considered medical treatment and therefore are not covered under the guidelines. The medical records provided indicate the injured worker experienced benefit from going to the gym 3 to 4 times a week. There is no indication a home exercise program had not been effective. There is also no indication as to the need for gym equipment. Based on this information, the medical necessity for a gym membership over a home exercise program was not established. As such, the request is not medically necessary.