

Case Number:	CM14-0101160		
Date Assigned:	07/30/2014	Date of Injury:	09/20/1996
Decision Date:	10/06/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 47 year old male who sustained an industrial injury on 09/20/1996. The mechanism of injury was not provided for review. His diagnoses included chronic low back pain, postlaminectomy syndrome, and headaches. He complains of headaches and low back pain. On examination of the cervical spine there is slight forward flexion of the head and slight straightening of the cervical lordosis. Cervical range of motion was decreased to 75 % of expected and there were palpable cervical trigger points. On examination of the lumbar spine there was a loss of lordosis and range of motion was limited to 50% of flexion and extension with almost no rotation. The lumbar muscles were tense and tender. Sensory and motor functions were intact except for markedly decreased sensation of the right foot. Treatment has included medical therapy including narcotics and topical anti-inflammatory medications, spinal cord stimulator insertion, and trigger point injections. The treating provider has requested a 6 month Gym Membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTH GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-LOW BACK CHAPTERGYM MEMBERSHIPS

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

Decision rationale: Per the Official Disability Guidelines, a gym membership is not recommended unless a home exercise program has not been effective and there is a need for specific equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as a gym membership with pool access is not recommended. There is no documentation provided which includes a specific exercise program which requires a gym membership for the treatment of the claimant's chronic pain condition. Medical necessity for the requested service has not been established. The requested service is not medically necessary.