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| Case Number: | CM14-0108096 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 09/06/2012 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/11/2014 |

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 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 27 year old male whose date of injury is 09/06/2012. The mechanism of injury is described as lifting boxes repetitively. Permanent and stationary status report dated 03/07/14 indicates that the injured worker complains of constant low back pain rated as 1/10. He has been exercising and is trying to lose weight. Diagnoses are chronic low back pain with left sided radicular pain, status post lumbar spine surgery with discectomy/laminectomy on 08/13/13, and probable residual left S1 radiculopathy. The injured worker has undergone a course of postoperative rehabilitation and is about the same with overall mild pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM membership for 6 months for the management of symptoms related to lumbar spine, as an outpatient: 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 memberships.

Decision rationale: Based on the clinical information provided, the request for gym membership for 6 months for the management of symptoms related to lumbar spine as an outpatient is not considered as medically necessary. There is no indication that a home exercise program has been ineffective or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not recommend gym memberships as medical treatment as there is a lack of information flow back to the provider, and there may be risk of further injury to the injured worker. Therefore, this request is not medically necessary.