

Case Number:	CM14-0108634		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2009
Decision Date:	09/19/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 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:

The patient is a 45 year old male who was injured on 06/16/2009. The mechanism of injury is not provided. Past medication history included Ability, Lunesta, and Prilosec. Progress report dated 06/230/2014 states the patient complained of "lumbar spine pain." He rated his pain as a 5/10 at its best and 8/10 at its worst. Objective findings on exam revealed increased lordosis with a small midline scar. There is a shift to the right of the thorax on the pelvis with a slight concavity. There is moderate tenderness at the pelvic brim and junction on the left with slight on the right. Bilateral sciatic notch tenderness is noted, right greater than left. Range of motion revealed forward flexion to 30; rotation to 20; lateral bending to 15; extension and rotation to either side causes ipsilateral junctional discomfort, left greater than right. The patient is diagnosed with sprain/strain of the lumbosacral spine; chronic pain syndrome; and thoracic lumbar neuritis with radiculopathy. The patient has been recommended for a 6 month gym membership for aquatic exercise. Prior utilization review dated 07/02/2014 states the request for 6 month gym membership is denied as medical necessity has not been established.

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: Decision based on MTUS ACOEM.

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

Decision rationale: According to ODG guidelines, gym memberships are "not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals." In this case a request for a 6-month gym membership is made for a 45 year old male injured on 6/16/09 with chronic low back pain. However, there is no documented need for equipment or apparent plan for monitoring and administering by medical professionals. Medical necessity is not established, therefore, the request for 6 Month Gym Membership is not medically necessary.