

<b>Case Number:</b>	CM14-0011237		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in minnesota. 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 62 year old male who reported injury on 03/22/2010. The mechanism of injury is unknown. The injured worker complained of neck and back pain. Consistent neck pain to the right side with tingling sensation. The injured worker also complained of increased pain in his left arm with fingers sleeping. Mid lower back pain that radiated to his left thigh. The injured worker rated his pain at a 4-5/10 with medications. Physical examination revealed mild tenderness over the S1 joint with a markedly positive stork test. The injured worker had use of a TENS unit, a Psychologist evaluation, Chiropractic therapy and Acupuncture therapy. The injured worker underwent a Lumbar laminectomy in 2013 and a cervical discectomy and fusion in 2012. The injured workers medications consist of Aspirin 81mg 2 tablets once a day, Naproxen 500mg 1 tablet 2 times a day, Cymbalta 60mg 1 capsule once a day, Voltaren 1% apply 2g 4 times a day to affected area(s), Lidoderm 5% 700mg/patch 3 patches a day, Robaxin 500mg 2 tablets 4 times a day, Levothyroxine sodium 25mcg take po once a day, Vimovo 500/20mg take 1 tablet once a day, Lisinopril 20/25mg take 1 tablet once a day, Gabapentin 800mg 1 tablet once a day, Lyrica 150mg take 1 capsule 3 times a day, Norco 10/325mg 4-5 PRN, OxyContin 20mg take 1 tablet 3 times a day, and Adderall 15mg take 1 tablet 3 times a day. The treatment plan is for an additional 6 months outpatient gym membership and bariatric evaluation. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **OUTPATIENT ADDITIONAL 6 MONTHS GYM MEMBERSHIP AND BARIATRIC EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 pain, Gym membership and Office visits.

**Decision rationale:** The injured workers request for outpatient additional 6 months gym membership and bariatric evaluation is non-certified. The injured worker complained of neck and back pain. Consistent neck pain to the right side with tingling sensation. The injured worker also complained of increased pain in his left arm with fingers sleeping. Mid lower back pain that radiated to his left thigh. The Official Disability Guidelines state that a gym membership is 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. There is no documentation showing why the gym membership would be most beneficial to the injured worker and no notes showing whether the injured worker has tried diet and exercise alone or by a supervised dietician. There was no documentation as to how the gym would help to treat any functional deficits the injured worker may have. The ODG also states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. There was also no documentation on as to how the injured worker would benefit a bariatric evaluation. There was lack of evidence showing whether the injured worker had improvements with diet and exercise and a bariatric evaluation was the last resort. Given the above, the request for outpatient additional 6 months gym membership and bariatric evaluation is not medically necessary.