

Case Number:	CM14-0012857		
Date Assigned:	06/11/2014	Date of Injury:	05/21/1996
Decision Date:	07/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 53-year-old male who reported an injury on 05/21/1996 due to unknown mechanisms. Physical examination dated 12/05/2013, there was tenderness to palpation noted over the paraspinal muscle overlaying the facet joint, S1 joint and trigger points noted over the lower paraspinal. Range of motion of the lumbar spine unable to be tested secondary to severe pain. Alignment of the lumbar spine normal, and palpation muscle spasms not present. The injured worker's diagnoses are displacement of the lumbar intervertebral disc without myelopathy, degeneration of the lumbar or lumbosacral intervertebral disc, post laminectomy syndrome lumbar region. The injured worker's medications were Norco 10/325 mg, Ambien 10 mg, Lyrica 100 mg, Zanaflex 4 mg and Lidoderm adhesive patch. Treatment plan was for gym membership for 1 year for the low back. The Request for Authorization Form was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP X 1 YEAR FOR THE LOW BACK: 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 Memberships.

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, Gym memberships.

Decision rationale: The request for gym membership times 1 year for the low back is non-certified. The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a documented home program with periodic assessments 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, all 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 program may be appropriate for injured workers who need more supervisions. With unsupervised program there is no information flow back to the provider, so he or she can make changes in the prescription and there may be a risk for further injury to the injured worker. Gym memberships, health clubs, swimming pool, athletic clubs would not generally be considered medical treatment and are therefore, not covered under these guidelines. The injured worker does not have supporting documentation subjectively or objectively establishing a failed home exercise program. As such, the request for gym membership times 1 year for the low back is not medically necessary.