

Case Number:	CM14-0015811		
Date Assigned:	03/03/2014	Date of Injury:	04/08/2004
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 8, 2004. The applicant has been treated with the following: Analgesic medications; attorney representation; long-acting opioids and short-acting opioids; muscle relaxants; unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 28, 2014, the claims administrator denied a request for a gym membership/gym program for the neck and lower back. The applicant's attorney subsequently appealed. In a December 18, 2013 progress note, the applicant was described as having persistent complaints of neck and lower back pain. Tenderness and limited range of motion are noted about both areas. Soma, Voltaren, Percocet, and Duragesic were sought. The applicant was described as permanent and stationary. The applicant was not working and had reportedly retired, it was stated. A home exercise program and gym program were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM PROGRAM NECK & LOWER BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. In this case, the gym membership being sought by the attending provider, thus, has been deemed by ACOEM to represent a matter of applicant responsibility as opposed to a matter of medical necessity. Therefore, the request is not medically necessary.