

Case Number:	CM14-0127102		
Date Assigned:	08/15/2014	Date of Injury:	10/30/2013
Decision Date:	09/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 50-year-old male with an injury date of 10/30/2013. According to the 06/17/2014 progress report, the patient complains of having pain in his lower back, over his right hip, and between his shoulder blades. The patient is tender to palpation over the low back diffusely, and upon palpation, he experiences pain radiating to his knees. On 06/11/2014, the patient underwent a bilateral L5-S1 transforaminal epidural steroid injection, which made his pain worse. The 05/19/2014 progress report indicates that the patient also has pain along the right dorsal foot. The 04/25/2014 report also indicates that the patient has decreased sensation along the L4 dermatomes. The patient's diagnoses include the following: Low back pain with left-greater-than-the-right radicular pain; Probable left-L5-greater-than right-L5 lumbar radiculopathies; A 4-mm central protrusion L4-L5. The utilization review determination being challenged is dated 08/07/2014. Treatment reports were provided from 11/11/2013 to 6/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month membership for access to pool therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Gym Membership.

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 Membership.

Decision rationale: Based on the 06/17/2014 progress report, the patient presents with pain over his lower back, right hip, and between the shoulder blades. The request is for a 3-month gym membership for access to pool therapy. The report with the request was not provided, and there is no discussion as to why the patient needs this gym membership. MTUS and ACOEM guidelines are silent regarding gym membership, but the ODG guidelines state that it 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 an equipment." There are no reports providing any discussion regarding the need of special equipment and failure of home exercise. There was no discussion provided as to why a gym membership is needed. Recommendation is that the request is not medically necessary.