

Case Number:	CM14-0132624		
Date Assigned:	09/18/2014	Date of Injury:	02/21/2013
Decision Date:	11/03/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Practice 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:

This case involves a 39 year old male injured worker who sustained a work injury on 2/21/13 involving the low back. He was diagnosed with lumbar radiculopathy, lumbar/thoracic disk herniation. A progress note on 1/31/14 indicated that the injured worker had continued back pain. He had undergone physical therapy and chiropractor treatments. Exam findings were notable for decreased range of motion of the lower back and decreased sensation in the L5 dermatome. The treating physician requested a trial of a gym membership, acupuncture, oral and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership, 3 Months Trial (97802): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK AND LOW BACK- LUMBAR & THORACIC (ACUTE & CHRONIC) (UPDATED 7/3/2014)GYM MEMBERSHIP

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)gym membership and pg 26. Official Disability Guidelines (ODG) gym memberhip Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: According to the ACOEM guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the Official Disability Guidelines (ODG) indicates that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. The reasoning for a gym membership was not specified in this case. Consequently a gym membership is not medically necessary.