

Case Number:	CM14-0138821		
Date Assigned:	09/10/2014	Date of Injury:	05/01/2013
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/27/2014

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 Geriatrics and is licensed to practice New York. 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 38 year old man with a date of injury of 5/1/13. The most recent note included in the records is from 5/29/14 when he was seen by his physician. He stated that he did not want surgery and additional therapy had been recommended for him. He requested to be seen by a spine specialist. His exam showed lumbar spine flexion to 80 degrees, extension to 10 degrees and lateral bending to 20 degrees. He had negative straight leg raising and FABER. His motor strength was 5/5. His diagnoses were lumbar strain/sprain with disk extrusion and spinal stenosis. At issue in this review is the request for an outpatient health club membership for weight loss to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

An outpatient health club membership for weight loss to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. This injured worker has received physical therapy as a modality already and a self-directed home exercise program should already be in place. The available records do not document a discussion of his weight or why a gym membership is necessary for weight loss. The records do not support the medical necessity for a health club membership for weight loss.