

Case Number:	CM14-0145755		
Date Assigned:	09/12/2014	Date of Injury:	09/01/2011
Decision Date:	11/04/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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 & 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 37 year old male with an injury date of 09/01/11. Per the 06/30/14 report by [REDACTED], the patient presents with lower back pain that has not improved. Pain is made worse by bending, sitting on uncomfortable chairs, standing, walking too far, bending and lifting. Resting, ice and medication improves pain. Examination of the lumbar spine reveals spasm and guarding. The 07/24/14 diagnosis is Lumbar disc displacement without myelopathy. Medications as of 07/24/14 are listed as Ibuprofen, Capsaicin cream and Tramadol Hcl Er. The utilization review being challenged is dated 08/21/14. The rationale is that there was no mention of the patient's Home Exercise Program not being effective. Reports were provided from 02/18/14 to 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership trail for six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 Lumbar & Thoracic Chapter, Gym memberships

Decision rationale: The patient presents with lower back pain. The treater requests for decision for gym membership trial for 6 months. ODG guidelines Low Back Lumbar & Thoracic Chapter, Gym memberships topic, state they are, "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 equipment." On 02/28/14 the treater states the patient is a graduate of a functional restoration program and continues to go to the gym and utilize a home exercise program. On 03/31/14 the treater mentions discussion of core and strengthening exercises and the recommendation that the patient walk as much as can be tolerated. On 04/29/14 the patient states that pain in made better with exercise particularly swimming and walking. The patient wishes to continue exercising and hold off surgery. On 06/20/14 the treater states the patient enjoys improved function and relies more on exercise and less on medication. In this case, it is clear from the treater's reports that exercise in and out of the gym is of benefit to the patient as recommended by ODG. The treater, however, does not discuss this request in the reports provided. There is no discussion or documentation as to why the patient's Home Treatment Program is inadequate or of the patient's need for special gym equipment. Lacking documentation as required by ODG above, recommendation is for denial.