

Case Number:	CM14-0155417		
Date Assigned:	09/25/2014	Date of Injury:	08/28/2011
Decision Date:	11/21/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/23/2014

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida, and 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 45-year-old male who reported a work-related injury on 08/23/2011 due to a fall. The injured worker's diagnosis consists of a lumbar spine contusion/sprain/strain. The injured worker's past treatment consisted of medication management, chiropractic care, and surgical intervention. The injured worker's diagnostic tests include an MRI of the lumbar spine on 12/05/2012 which revealed central disc protrusion at L4-5 with moderate dural compression with left greater than right lateral recess narrowing contacting the traversing L5 nerves, mild dural compression without lateral recess narrowing at L3-4, and central disc protrusion at L5-S1 encroaching the traversing left S1 nerve. A urine drug screen was performed on 07/08/2014 which revealed consistent results. On 12/03/2012, an electrodiagnostic study found evidence of distal sensorimotor polyneuropathy affecting both lower extremities and no evidence of lumbar radiculopathy, lumbosacral plexopathy, myopathy, or any mononeuropathies on both lower limbs/extremities. Past surgical history includes left L4 selective nerve root block on 07/05/2013, 10/29/2013, and 07/07/2014. Upon examination on 09/05/2014, the injured worker complained of low back pain with radiation down his left leg. He reported he had several flare ups of severe pain and missed several days of work. The injured worker stated his pain is exacerbated by prolonged walking, sitting, and standing and repetitive bending and stooping. The injured worker rated his pain as an 8 on a VAS. Upon physical examination, it was noted that the injured worker ambulated with antalgic gait favoring his left lower extremity. It was noted that there was moderate to severe tenderness over the left paraspinal musculature. Moderate muscle spasms were also noted. There was a positive twitch response with palpation. It was noted that there was also referred pain. Active range of motion of the lumbar spine was noted to be limited. The injured worker's prescribed medications include Norco, Anaprox, and Prilosec. The treatment plan consisted of gym membership with pool access. The rationale for

the request was to improve the injured worker's overall pain and function. A request for authorization form was submitted for review on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool access: 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), Low Back (updated 8/22/14) - 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, Gym memberships

Decision rationale: The Official Disability Guidelines state that memberships to gyms and swimming pools are not recommended unless documentation shows that a formal home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The guidelines also specify that, while exercise is encouraged, treatment needs to be monitored and administered by medical professionals as unsupervised programs may lead to risk of further injury. The documentation submitted for review does not suggest that the injured worker has failed a structured home exercise program with periodic reassessment and revision, or that he has a specific medical need for equipment. Additionally, the request is not supported as the guidelines specifically state that gym and pool memberships are not considered medical treatment as treatment needs to be monitored and administered by medical professionals, as unsupervised programs may lead to risk of further injury. As such, the request for Gym membership with pool access is not medically necessary.