

Case Number:	CM14-0157466		
Date Assigned:	09/30/2014	Date of Injury:	03/20/2012
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 underlying date of injury in this case is 03/20/2012. The date of the initial utilization review under appeal is 09/04/2014. The patient's diagnosis is degenerative disc disease at L4-L5 and L5-S1. On 08/28/2014, three orthopedic surgeons saw the patient regarding pain in her lower back. The patient had continued pain in the lumbosacral region, worse with all activities of daily living as well as with bending, lifting, and twisting. The patient denied any radicular pain. She noted that her leg pain was improved with surgery and that if she would take Vicodin had more bad days than good days. She had the most relief with swimming previously. The patient was noted to be status post left L4-L5 laminectomy discectomy 10/25/2013. The treating physician recommended 3 months of a gym/aquatic membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Gym memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): page(s) 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends transition to an independent home rehabilitation program. The treatment guidelines do not specifically recommend a gym membership but again generally recommend a home rehabilitation program. The records do not provide a rationale as to why this patient would require a gym membership as opposed to a traditional independent home rehabilitation program. This request is not medically necessary.