

Case Number:	CM14-0158442		
Date Assigned:	10/01/2014	Date of Injury:	07/22/1994
Decision Date:	12/12/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 53-year-old female who reported an injury on 07/22/1994, the mechanism of injury was not provided. Her diagnoses included chronic neck and low back pain due to degenerative spondylosis of the cervical and lumbar spine. Her past treatments have included medications, trigger point injections, and epidural blocks at the C4 level. Diagnostic studies included a magnetic resonance imaging of the lumbar spine without contrast on 06/27/2014 with findings of grade 1 L4-5 anterolisthesis, grade 1 L5-S1 anterolisthesis, and no spondylosis. Mild mid lumbar dextroscoliosis, which would be better characterized on standing radiographs. There is moderate canal stenosis at L4-5, mild at L2-3. Neural foraminal narrowing L2-3 through L5-S1; moderate to severe at L4-5 and L5-S1. Her pertinent surgical history included cervical fusion at C5-6 and C6-7 on an unknown date. At an examination on 09/05/2014, the injured worker complained of left leg pain rated at 8/10. Upon examination of the lumbar spine, she was noted to have forward flexion to 60 degrees, extension to 15 degrees, muscle spasm noted in the lumbar paraspinal/gluteus muscles, guarding of the left lower extremity and positive straight leg raise. Her current medications included Norco 10/325 mg since at least 11/12/2014. The treatment plan included to continue current medication for pain control, return to clinic in 1 to 2 months, and a request for a gym membership x12 months. The rationale for the request was for strengthening and conditioning and to maintain maximum level of function with optimal pain control. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership x 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and the Official Disability Guidelines (ODG); Gym memberships, Physical Therapy

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 request for gym membership x 1 year is not medically necessary. The injured worker has radiating low back pain. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program, with periodic assessment, and revision has not been effective and there is need for equipment. Additionally, treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment, and are therefore not covered under these guidelines. There is no evidence of a documented home exercise program with periodic assessment and revision that has not been effective and the injured worker is in need for equipment. As such, the request for gym membership x 1 year is not medically necessary.