

Case Number:	CM14-0158680		
Date Assigned:	10/02/2014	Date of Injury:	02/23/2006
Decision Date:	11/03/2014	UR Denial Date:	08/27/2014
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 Internal Medicine 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 40 year old male who was injured on 02/23/2006 while carrying a pipe. Prior medication history included Lidocaine cream, trazodone, Diclofenac sodium ER, and tramadol hydrochloride. He underwent right knee arthroscopy (undated) and disc excision and laminectomy on 04/08/2008. Progress report dated 09/08/2014 states the patient presented for a follow-up of chronic low back pain with radiation to the bilateral legs. He reported his symptoms were unchanged but with treatment he was able to perform household chores that do not require bending. He was noted as being consistent with his home exercise program and making progress but still had moderate pain. Objective findings on exam revealed restricted range of motion of the lumbar spine with guarding and becomes worst with flexion. There was tenderness to palpation over the paravertebral muscles but had a decrease in trigger points. There was also tenderness noted over the spinous processes at L4 and L5. The patient was diagnosed with lumbar disc degeneration, lumbar post laminectomy L4-L5 and myofascial pain syndrome. The patient was recommended for a gym membership as he continues with moderate pain rated as 4-5/10 even as performing exercises with his home exercise program. Prior utilization review dated 08/27/2014 states the request for Gym Membership for 3 months is denied as necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 3 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, Low Back, 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, Gym membership

Decision rationale: The 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 a need for equipment. The clinical notes document the patient is following a home exercise program and is making progress. The clinical notes state the patient has persistent pain following his home exercise program. However, this is chronic pain which is unlikely to improve with a gym membership. Furthermore, the clinical notes did not identify specific equipment which is available at the gym which the patient requires access to. There are insufficient details on the home exercise program and lack of documentation about assessments and revisions to the program. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.